



**HANDBOOK OF  
ACCREDITATION FOR  
NATUROPATHIC MEDICINE  
PROGRAMS**

*January 2017 Edition*

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NATUROPATHIC MEDICINE  
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## **PART ONE: General Information**

### **■ Overview of Higher Education Accreditation**

Higher education accreditation is a voluntary, external, peer-review process whereby formal, public recognition is granted to educational institutions—or to specialized and professional programs offered by educational institutions—signifying attainment of a specified level of quality and integrity in its operations. Accreditation is also an internal process that requires ongoing self-appraisal and continuing improvement on the part of institutions and programs. Formal recognition provides assurance to the general public, the educational community, governmental agencies, and other organizations and individuals regarding the quality and integrity of institutions and programs. In the United States and Canada this recognition is typically granted by private, independent accrediting agencies, and can serve as a basis for professional licensure and access to external funding (e.g., federally funded programs). These accrediting agencies establish standards and other criteria for accreditation, conduct onsite visits to verify compliance, and decide whether to recognize the institutions or the specialized and professional programs that have applied. Once recognized, the institutions and programs are monitored and periodically re-evaluated by their accreditors; they also engage in a periodic, comprehensive self-appraisal process (referred to as the “self-study process”) at time intervals specified by the agency.

The two basic types of accreditation are “institutional” and “programmatic.” Institutional accreditation pertains to an entire educational institution, while programmatic accreditation pertains to specialized or professional programs, departments or schools that are part of a higher education institution. Institutional accreditors often require that an institution’s principal specialized programs also be recognized by the appropriate programmatic accreditors. Programmatic accrediting agencies may also be referred to as “specialized accreditors” or “professional accreditors” (when they accredit programs in one of the professions). For detailed information, consult the website of the Association of Specialized and Professional Accreditors: [www.aspa-usa.org](http://www.aspa-usa.org).

The Council on Naturopathic Medical Education is a programmatic accrediting agency for the naturopathic medicine profession. As such, it serves to ensure the high quality of naturopathic medical education in the United States and Canada through the voluntary accreditation of doctoral-level naturopathic medicine programs. Additionally, the Council sets standards for the approval of postdoctoral naturopathic residency programs (for more information, refer to the Council’s *Residency Handbook*).

To become accredited, an institution or program typically must first achieve pre-accreditation status or “candidacy status,” as the Council refers to it. CNME candidacy is a formative period for a program during which the Council carefully monitors the program’s ongoing development towards maturity. In the case of an already well-established program, the Council has discretion to waive the requirement that the program seek candidacy prior to accreditation. Accreditation and candidacy status both indicate that a program is recognized by—and affiliated with—the Council. The Council provides no recognition or affiliation options other than candidacy and accreditation. The specific steps and requirements for achieving candidacy and accreditation are presented in Parts Two, Three and Five of this *Handbook*.

### **■ Brief History of the Naturopathic Medicine Profession**

Naturopathic medicine is a system of primary healthcare practiced by naturopathic physicians for the prevention, diagnosis and treatment of disease. This approach to healthcare emphasizes patient education and self-care, and the use of natural medicines and therapies to support and stimulate an individual’s self-healing processes.



Naturopathic medicine is rooted in a number of healing traditions, including herbal therapy, nutrition, hydrotherapy and others. As a distinct healthcare profession in the United States, naturopathic medicine is more than 100 years old. In the late 1800s and early 1900s, practitioners from a variety of medical disciplines joined to form the first professional societies of naturopathic medicine. During that time, more than 20 naturopathic medical colleges were established, and naturopathic physicians were licensed in a majority of states. Naturopathic medical conventions in the 1920s attracted more than 10,000 practitioners.

During the 1940s and '50s, with the rise of pharmaceutical drugs and technological medicine along with an emerging belief that these approaches could ultimately treat all types of disease effectively, the number of naturopathic physicians declined. However, naturopathic medicine has since experienced a resurgence as a health-conscious public has increasingly utilized natural therapies as an alternative, or complement, to conventional medicine. The naturopathic profession continues to grow and evolve, incorporating elements of modern conventional medicine that advance knowledge of the mechanisms of natural healing and therapeutics, especially in the fields of diagnosis, immunology, clinical nutrition and botanical medicine. For more information on naturopathic medicine consult the websites of the Canadian Association of Naturopathic Doctors ([www.cand.ca](http://www.cand.ca)) and the American Association of Naturopathic Physicians ([www.naturopathic.org](http://www.naturopathic.org)).

### ■ History of the Council and Recognition by the U.S. Department of Education

The naturopathic medical profession first established an accrediting body in the U.S. in 1953, and this organization took several forms and names over the next 25 years. In 1978, the Council on Naturopathic Medical Education was incorporated in its current form as a not-for-profit corporation in the District of Columbia, and assumed accreditation responsibilities for the field of naturopathic medicine. Since 1978, the Council has become accepted as the national accrediting body for four-year, residential, doctoral-level naturopathic medicine programs offered by colleges and universities in the United States and Canada, as well as by the American Association of Naturopathic Physicians, the Canadian Association of Naturopathic Doctors, the Federation of Naturopathic Medical Licensing Authorities, and the North American Board of Naturopathic Examiners. The Council is recognized as a programmatic accrediting agency by the U.S. Department of Education, is a member of the Association of Specialized and Professional Accreditors (ASPA), and subscribes to ASPA's Code of Good Practice; it is also a member of the Association of Accrediting Agencies of Canada.

### ■ Significance of Candidacy Status and Accreditation by the Council

Accreditation by the Council on Naturopathic Medical Education signifies that the mission and objectives of a naturopathic medicine program are soundly conceived and clearly stated; the program satisfies the Council's standards and abides by the Council's policies; the program's mission and objectives are being accomplished; and the program is organized, staffed and supported in a manner that merits confidence on the part of potential students, professional regulatory agencies, governmental funders, and other entities and individuals.

As noted above, candidacy status is a form of recognition by the Council that typically precedes accreditation. The term "candidacy" signifies that a program is a "candidate for accreditation;" a program can remain in candidacy for up to five years, after which time it must either achieve accreditation or lose its candidacy status. Candidacy status indicates that a naturopathic medicine program:

- Meets the Council's eligibility requirements;
- Complies with the Council's accreditation standards and policies to the degree expected of a program for its stage of development; and
- Has demonstrated its potential for attaining accreditation within five years after the initial granting of candidacy (as noted above, if accreditation is not achieved within five years, a program loses its candidacy status).

While not synonymous with accreditation, candidacy is not considered a lesser form of recognition; graduates of both candidate and accredited naturopathic medical programs are eligible to take the Naturopathic Physicians Licensing Examinations, and are also eligible for licensure in the United States and Canada.

Candidacy and accreditation apply to the entire naturopathic medicine program. They indicate that each related aspect of the program has been evaluated and found to be achieving its purpose satisfactorily, although different aspects of the program may be performing at differing levels of quality.

As a programmatic accreditor, the Council's grant of candidacy or accreditation does not automatically qualify a naturopathic program for participation in student aid programs under the U.S. Higher Education Act. Institutions in the U.S. offering naturopathic medicine programs must have separate accreditation or pre-accreditation from an institutional accreditor recognized by the U.S. Secretary of Education to establish HEA eligibility for students in their naturopathic medicine programs. Similarly, CNME recognition does not automatically qualify students for participation in government-funded student aid programs in Canada.

Under rules adopted by the North American Board of Naturopathic Examiners, only currently enrolled students or graduates of programs that have accreditation or candidacy from the Council are eligible to take Part I (Basic Science Examinations) of the Naturopathic Physicians Licensing Examinations (NPLEX), and only graduates of these programs are allowed to take NPLEX Part II (Clinical Science Examinations). CNME accreditation and candidacy are not retroactive for the purpose of establishing eligibility to take the NPLEX. For more information on the NPLEX, refer to [www.nabne.org](http://www.nabne.org).

### ■ Professional Licensure in the U.S. and Canada

A number of U.S. states and Canadian provinces license the practice of naturopathic medicine. In general, eligibility for professional licensure or regulation is based on graduation from a naturopathic medical program that is accredited by—or has candidacy status with—the Council, and passage of the NPLEX. (As noted above, only students and graduates of programs recognized by the Council are eligible to take the NPLEX.)

As of the date of this edition of the *Handbook*, the jurisdictions that license or regulate naturopathic medicine in the U.S. include Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Kansas, Maine, Maryland, Minnesota, Montana, New Hampshire, North Dakota, Pennsylvania, Oregon, Puerto Rico, Utah, Vermont, Virgin Islands, and Washington State.

In Canada there are five provinces that have naturopathic regulations: British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia and Ontario.

There are ongoing efforts on the part of naturopathic professional associations to extend licensure/regulation to additional U.S. states and Canadian provinces.

### ■ How the Council is Organized

As noted above, the Council is an independent, not-for-profit agency incorporated under the District of Columbia's Non-profit Act, and is recognized by the U.S. Internal Revenue Service as a tax-exempt 501(c)(3) organization. The Council's Board of Directors serves as its decision-making body; among other things, the Board establishes accreditation standards, determines policies and procedures, evaluates and monitors naturopathic medicine programs, makes decisions about candidacy and accreditation, and regulates postdoctoral residency programs. (For information on the requirement for residency programs, consult the *CNME Residency Handbook*). The Council's operations are managed by an executive director who reports to the Board. The Board of Directors is composed of individuals drawn from the following three membership categories:

- **Institutional Member Representatives.** The Council has three voting members on its Board of Directors for individuals who are rotationally elected from among accredited naturopathic medicine programs.
- **Profession Members.** The Council has four to six voting members on its Board of Directors who are licensed naturopathic physicians with significant experience related to naturopathic medicine education and accreditation; faculty members and academic administrators with an ND credential are also eligible to serve as profession members.
- **Public Members.** The Council has two or three voting members on its Board of Directors who are representatives of the public; public members are not affiliated with a naturopathic medicine program or the naturopathic medical profession.

While the Council is governed by its Board of Directors, all CNME-accredited and candidate programs are considered nonvoting “institutional members” of the Council and, therefore, are welcomed to attend open meetings of the Council’s Board of Directors and to raise issues and questions pertaining to accreditation and related matters. In some cases, non-Board members serve on Council committees. Further information on the Board’s membership categories is contained in Policy 1 in Part Six of this *Handbook*.

## ■ Vision, Mission, Goals and Values of the Council on Naturopathic Medical Education

### Vision

The vision of the Council on Naturopathic Medical Education is to be recognized as the effective and innovative accrediting agency advancing the quality of naturopathic medical care internationally through accreditation standards and processes that promote excellence in education.

### Mission

The mission of CNME is quality assurance: serving the public by accrediting naturopathic medical education programs in the U.S. and Canada that voluntarily seek recognition and meet or exceed CNME’s standards.

### Goals

To enable CNME to pursue its vision and fulfill its mission, the primary goals of the CNME are to:

1. Provide an accreditation service in the U.S. and Canada that works in collaboration with the naturopathic profession, educators, regulators, certifying bodies and the public in developing and administering its standards and processes.
2. Foster collaboration and cooperation among the naturopathic educational institutions and other health care education institutions and professions.
3. Pursue the development of processes and cooperative arrangements that minimize unnecessary duplication of effort for programs seeking accreditation.
4. Maintain a practical, cost-effective and efficient model of governance and administration.
5. Operate in a manner that respects due process and is characterized by openness, transparency, fairness, equality and consistency.
6. Develop credible, relevant, clear and regularly updated accreditation standards and residency requirements.
7. Ensure—through valid and reliable, evidence-based evaluation processes—that the CNME standards are being met by naturopathic medicine programs that seek CNME recognition.
8. Give public recognition to those educational programs in compliance with CNME standards, and to foster and encourage the continuing improvement of naturopathic medical education programs.
9. Foster the development of new institutions and new programs by providing assistance and information on program development and accreditation.

## Values

In conducting its operations, the Council adheres to the following values:

1. Supporting the traditional and evolving principles of naturopathic medicine as expressed in contemporary naturopathic medical education programs through program objectives, research activities, and didactic and clinical curriculum components.
2. Quality and continuing improvement in naturopathic medical education programs—as well as in the Council's own policies, standards and processes—achieved through ongoing assessment, creativity, productive innovation and responsiveness to change.
3. Its primary accountability to the public, including students interested in entering or enrolled in educational programs in naturopathic medicine and the patients they will serve upon graduation.
4. Due process characterized by honesty, openness, transparency, fairness, equality and consistency, as well as by objective, valid and reliable evidence-based approaches to the determination of a program's compliance with accreditation standards.
5. Partnership and peer review processes characterized by communication, consultation and cooperation with organizations and individuals involved in naturopathic medical education, practice, certification and regulation, as well as with naturopathic medical students and the general public.
6. Supporting CNME volunteers and staff in contributing to and enhancing the Council's work through orientation and training sessions, programs and other opportunities for learning and growth.
7. Practical, efficient and cost effective approaches to carrying out its obligations and responsibilities.

## PART TWO: Eligibility Application

### ■ Introduction

The Council offers two types of formal, public recognition for naturopathic medicine programs: “candidate for accreditation” (a pre-accreditation status that is generally referred to in this *Handbook* as “candidacy” or “candidacy status”) and accreditation. Before it may seek accreditation by the Council, a program must first achieve candidacy—though in rare circumstances the Council may waive this requirement for an already well-established program that has students enrolled in every year of the program. CNME candidacy is a formative period for a program during which the Council carefully monitors the program’s ongoing development towards maturity; a program in candidacy must achieve accreditation within five years or its candidacy status is withdrawn. As noted previously, while not synonymous with accreditation, candidacy is not considered a lesser form of recognition: graduates of both candidate and accredited naturopathic medical programs are eligible to take the Naturopathic Physicians Licensing Examinations and to apply for licensure in the United States and Canada. Attainment of candidacy does not, however, assure eventual accreditation.

A program must successfully move through a two-phase process in order to attain candidacy status:

1. **Eligibility Application.** A program must first demonstrate to the Council its readiness to seek CNME candidacy; this phase of the process, referred to as the “eligibility process,” requires submission of an “eligibility application” that demonstrates to the Council’s satisfaction that the program meets the Council’s 18 eligibility requirements. The Council’s acceptance of an eligibility application does not, however, confer any formal CNME recognition.
2. **Candidacy Self-Study Process.** If the program’s eligibility application is accepted, the program is authorized by the Council to engage in the candidacy self-study process. This process includes the following three steps:
  - a. Submission of a comprehensive self-study report that demonstrates that (i) the program meets the Council’s accreditation standards to the degree expected of a program for its stage of development and (ii) that it also complies with the Council’s policies;
  - b. Hosting an onsite visit by a CNME evaluation team (the visit enables the Council—through its representatives—to verify the contents of the self-study report, and to observe first-hand the program’s operations); and
  - c. Appearing before the Council at a formal hearing on candidacy at which the Council reviews the program’s compliance with standards and policies, and then makes a decision to approve, defer or deny candidacy.

Part Three of the *Handbook* provides information on the policies and procedures related to candidacy and accreditation; Part Five of the *Handbook* describes the self-study process, and the Council’s requirements for the format and content of the self-study report.

### ■ Eligibility Application

The eligibility application consists of (i) a narrative report showing how the program complies with the Council’s 18 eligibility requirements, and (ii) a number of required documents that serve to further substantiate compliance and describe important aspects of the program. The purpose of the eligibility application is to provide a naturopathic medicine program an opportunity to demonstrate to the Council that it is ready to undertake the demanding candidacy self-study process with a reasonable likelihood of success; acceptance of the application confirms that the program is, indeed, ready in the estimation of the Council to move forward in seeking candidacy.

The eligibility application submission to the Council contains the following:

1. A formal cover letter from the institution signed by the chief executive officer and the chair of the institution's governing board stating that the institution intends to seek CNME candidacy status for the naturopathic medicine program;
2. The eligibility application, which consists of the narrative report and supporting documents demonstrating that the programs meets the eligibility requirements; and
3. The required application fee (the institution should contact the Council's executive director to verify the current fee).

A program may submit an eligibility application whenever it believes it has met the Council's eligibility requirements (the Council recommends that a program considering submission first contact the Council's executive director to discuss its plans). The following are the steps in the review process:

1. The institution submits the eligibility application to the Council's office for initial review by the CNME executive director, who verifies that the application submission is complete—including cover letter and fee.
2. When the executive director determines that the submission is complete, he or she—in consultation with the Council's president—appoints a review committee composed of CNME board members to review the application; the review takes place within three months of receipt of the completed application.
3. Based on its review, the review committee may either (i) request additional information, (ii) defer action on the application for a period of up to one year due to the program's lack of readiness to engage in the candidacy self-study process, or (iii) forward the application to the Council's Board of Directors for review at its next regularly scheduled meeting (in this latter case, the completed application must be submitted at least four months prior to the Council meeting at which it will be reviewed).
4. At its meeting—with representatives of the program in attendance to provide information and answer questions—the Council holds a hearing in closed session regarding eligibility application. Following the hearing, the Council issues its decision. The following possible decisions may be issued:
  - a. Approve the application and authorize the program to begin work on its candidacy self-study report, due within 18 months of the Council's decision;
  - b. Defer action on the application pending receipt of additional information (note that the Council may defer action on an application for a period of up to one year, after which it must approve or deny the application); or
  - c. Deny the application.

If the review committee defers action on the eligibility application due to lack of readiness, the committee will inform the program of its deficiencies and request that the program provide information and documentation demonstrating that it has satisfactorily addressed the deficiencies identified by the committee.

If the Council denies the eligibility application, the Council will inform the program of the reasons for denial. A Council decision to deny an application cannot be appealed. If the program decides to resubmit a new eligibility application, it must wait at least one year from the date that the previous application was denied and pay a new application fee.

A program may decide to withdraw its eligibility application at any time prior to a final decision of the Council to approve or deny the application; if the program does so, then the Council refunds half of the application fee. A program that withdraws its application must wait at least one year before resubmitting a new application, and it must pay another application fee.

If a review committee of the Council requests that a program provide additional information, the program must provide the information within 12 months of the request, or the eligibility application lapses. In the case

of a lapsed application, the program must submit a new eligibility application, including another application fee, if it wishes the Council to review its eligibility application.

A program will be informed of any decision of a review committee or the Council regarding an eligibility application within 15 days of the decision.

## ■ Eligibility Requirements

As noted above, an eligibility application includes a narrative report that demonstrates compliance with the Council's 18 eligibility requirements, which are as follows:

1. The program is located in a legally incorporated institution that has authorization from the appropriate state or provincial agency to grant the Doctor of Naturopathic Medicine degree or designation. Note that:
  - A program in the U.S. is not eligible for *initial accreditation* by CNME unless it first achieves candidacy status with an institutional accrediting agency recognized by the U.S. Dept. of Education, and
  - A program in Canada is not eligible for initial accreditation by CNME unless it first obtains provincial approval for participation in government-funded student-aid programs (note, however, that if government-funded student aid programs are unavailable to students in the program due to legal impediments beyond the institution's control, the institution must ensure that suitable private student aid programs are available).
2. The program is located at an institution with a qualified governing board that exercises ultimate authority over the institution free of undue outside influence and that observes an appropriate conflict of interest policy.
3. The program is located at an institution that has an appropriately qualified chief executive officer (e.g., president) whose full-time or major responsibility is to the institution.
4. The program has an appropriately qualified chief academic/administrative officer (e.g., dean)—or an appropriate academic leadership team—whose full-time or major responsibility is to the program. There are mechanisms in place to allow all appropriate constituencies within the program—including faculty, administrative staff and students—to communicate their needs and provide input to the program's leadership team.
5. The program has a clear, concise and realistic mission statement that identifies what it intends to accomplish, and encompasses the educational preparation of naturopathic physicians/doctors. The mission is accompanied by a set of program outcomes, which are consistent with the mission statement and guide the program in establishing specific student achievement/learning goals and objectives and other relevant outcomes of the program.
6. The program has an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission.
7. The program has adopted an academic freedom policy that ensures academic freedom in teaching, scholarship and research.
8. Faculty members for didactic and clinical courses have appropriate education and experience for their teaching positions/responsibilities in the program, including appropriate advanced or professional degrees—usually terminal degrees in their field—and any other qualifications required to provide instruction in their assigned areas at the doctoral level. The number of full- and part-time members of the faculty is sufficient to effectively meet program needs.

9. The program is residential, consists of a minimum of four academic years, and requires a minimum of 4,100 clock hours, including a minimum of 1,200 hours devoted to clinical training. The curriculum covers the subject areas specified in the CNME Accreditation Standards.
10. The program has sufficient physical and learning resources—including instructional, library, clinical, office, research facilities, equipment and supplies—to achieve its mission and objectives, provide for the effective functioning of the program, and accommodate the needs of the faculty, staff and student body.
11. The library provides a reasonably comprehensive set of learning and information resources that support learning outcomes and research, and the staffing of the library is sufficient to support facilities, resources, services and programs, as well as the volume of students, faculty and other patrons.
12. The program has in place—or is in the process of developing—plans and processes for (i) evaluating each student’s academic and clinical performance and achievement in relation to the program’s mission and educational requirements, and (ii) assessing overall program outcomes and effectiveness in relation to the program’s mission and programmatic objectives.
13. The program publishes and adheres to a student admission policy that clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success.
14. The program has a current catalog or academic calendar and other official publications available to students and the public—in print or electronic form—that accurately set forth:
  - a. Current mission and programmatic objectives
  - b. Admissions requirements and procedures
  - c. Transfer credit and advanced standing policies, including the criteria for accepting transfer credit
  - d. Tuition, fees and refund policies
  - e. Opportunities and requirements for financial aid (if applicable)
  - f. Academic performance requirements
  - g. Policies and procedures related to satisfactory academic progress
  - h. Rules for student conduct
  - i. Student disciplinary procedures
  - j. Student grievance procedures
  - k. Grading and attendance policies
  - l. Program completion requirements
  - m. Members of the administration, including their positions
  - n. Professional education and qualifications of full- and part-time faculty
  - o. Members of the governing board
  - p. Non-discrimination policy
  - q. Academic calendar
  - r. Program sequence or outline
  - s. Description of each major component of the academic program, including the curriculum and course descriptions for each course
  - t. Description of the learning and other physical resources
  - u. Sources of information on the legal requirements for licensure and entry into the profession.
15. The institution in which the program is located must be financially sound, and provide resources to the program sufficient to carry out the program’s mission and educational objectives in the current, short and long term. Adequate resources must be available to meet debt-service requirements of short- and long-



term indebtedness without adversely impacting the quality of the program.

16. The institution in which the program is located must provide for an institutional financial audit to be conducted annually by an outside independent certified or chartered public accountant. The audit must include an opinion/management letter, a balance sheet statement, a statement of revenue and expenditures, and a report on the change in fund balance and/or financial position.
17. The program discloses to the Council all information required by the Council to carry out its evaluation and accrediting functions.
18. The program understands and agrees that the Council may, at its discretion and in accordance with its policies, make known to any agency or members of the public who may request such information the nature of any action, positive or adverse, regarding its status with the Council.

### ■ Required Documentation for Eligibility Application

As noted above, an eligibility application also includes documentation, placed in appendices, that demonstrates the program's compliance with the Council's 18 eligibility requirements and provides further information on the program; a program has discretion to append additional documentation that it considers relevant to the narrative report and helpful in demonstrating compliance with the eligibility requirements. The required documentation for each eligibility requirement (ER) is as follows:

#### **Eligibility Requirement 1:**

- A letter, certificate or other document from a state or provincial regulatory body showing that the institution is a legally incorporated institution.
- A letter, certificate or other document from a state or provincial regulatory body showing that the institution is legally permitted to grant a Doctor of Naturopathic Medicine degree or designation.

#### **Eligibility Requirement 2:**

- A list of the current members of the governing board, including officer title (if any), employment relationship with the institution (if any), and brief biographical information on each member.
- A copy of the conflict of interest policy or policies under which the board operates.

#### **Eligibility Requirement 3:**

- Résumé/CV of the institution's chief executive officer.

#### **Eligibility Requirement 4:**

- Résumé/CV of the program's chief administrative officer/dean.

#### **Eligibility Requirement 5:**

- A copy of the program's mission and programmatic goals and objectives.

#### **Eligibility Requirement 6:**

- An organizational chart for the institution showing how the program's administration fits within the larger institution.
- An organizational chart for the program showing the reporting structure of the program's administrative staff.
- A list of the program's administrators, including their full-time-equivalent (FTE) status, teaching role (if any), and brief biographical information on each member.

**Eligibility Requirement 7:**

- A copy of the program's academic freedom policy.

**Eligibility Requirement 8:**

- A grid or list of the program's faculty members, including their teaching assignments and FTE status.
- Brief biographical information on each faculty member.

**Eligibility Requirement 9:**

- An outline of the program of study listing each course, including clock-hour and credit amounts.
- An outline of academic requirements for students in the clinical portion of the program.
- Information on the program's clinical training sites.

**Eligibility Requirement 10:**

- A floor plan or description of campus facilities used by—or available to—the program.

**Eligibility Requirement 11:**

- A summary of the library and information resources available to students in the program, including those resources directly related to the study of naturopathic medicine.

**Eligibility Requirement 12:**

- A copy of the program's academic assessment plan or a detailed description of its assessment process.

**Eligibility Requirement 13:**

- A copy of the program's catalog/calendar or other document that outlines admissions requirements.
- A copy of any additional materials provided to potential students containing admissions information.

**Eligibility Requirement 14:**

- A copy of the program's catalog/calendar.
- A copy of the program's student handbook.

**Eligibility Requirement 15:**

- A copy of the institution's budget for the current fiscal year.
- A copy of the program's budget for the current fiscal year.

**Eligibility Requirement 16:**

- A copy of the institution's most recent audited financial statement, including the management letter.

**Eligibility Requirement 17:**

- No documentation is required.

**Eligibility Requirement 18:**

- No documentation is required.

**■ Format of the Eligibility Application**

The Council has set the following page limits, formatting and other requirements for the narrative report component of the eligibility application:

1. The maximum number of pages is 60 pages double-spaced or 40 pages 1.5-spaced (for the sake of readability, reports should not be single-spaced). Note that this page limit applies to the body of the report and does not include appendices.
2. Report pages should be numbered.
3. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size.
4. Margins should be a minimum of one inch on every side: left, right, top and bottom.
5. Block quotations should be indented, and may be single-spaced.
6. The report should be divided into sections pertaining to each of the eligibility requirements, and tabs or some other system should be used to indicate the location of sections and appendices.
7. Whenever the report references information contained in a document placed in an appendix, the report should specify the relevant page numbers of the document.
8. The report must be bound or placed in a loose-leaf binder (for ease of last-minute revisions, a loose-leaf binder is recommended). No more than two separate volumes may be submitted (e.g., a report binder and an appendices binder); however, catalogues, handbooks, manuals, etc., may be provided as separate documents and do not need to be part of the bound report (it's helpful if they are placed in a binder insert or pocket).
9. The application's narrative section must be in English even if a program is offered in a language other than English, or is housed in an institution in a location where English is not the official language. If any required documents contained in appendices are not in English, such as a charter or similar document that authorizes the legal operation of the institution, they must be accompanied by either an English translation of the document or an accurate summary of the document in English. Questions regarding appended documents that may require an English translation or summary should be directed to the CNME executive director.

If a program has any questions regarding the content or format of the eligibility application, a program representative should contact the Council's executive director for guidance.

## **PART THREE: Candidacy and Accreditation**

### **■ Introduction**

This part of the *Handbook* sets forth Council policies and procedures related to candidacy and accreditation. Additional policies pertaining to candidate and accredited programs are contained in Part Six. CNME-recognized programs, and programs interested in seeking recognition, should be familiar with these policies.

As noted above, a program seeking initial candidacy must first submit an eligibility application to the Council. If the Council accepts the application, it authorizes the program to prepare a comprehensive self-study report. Similarly, a candidate program seeking initial accreditation, or an accredited program seeking reaffirmation of accreditation, is also required to submit a self-study report. Part Five of the *Handbook* provides detailed directions for preparing for, writing and submitting a self-study report.

### **■ Overview of the Self-Study Process**

An essential element of accreditation is the self-study process. “Self-study,” as the term implies, is an in-depth self-reflection and self-evaluation on the part of a program. Through self-reflection and self-evaluation, a program becomes aware of its strengths and weaknesses—not only in regard to compliance with CNME accreditation standards, but also more broadly in regard to its success in achieving its own unique educational mission and objectives.

The self-study process consists of three components:

- (1) systematic efforts and research (e.g., through surveys, focus groups, review of documents, etc.) to gather comprehensive information from program constituencies and other sources about the program’s operations, resources, faculty, students, educational offerings, services, and activities as they relate to the program’s performance with respect to its mission and objectives and to the Council’s accreditation standards;
- (2) an in-depth self-assessment/evaluation—based on the information gathered—of the program’s past, present and anticipated future outcomes regarding achievement of its mission and objectives, as well as the degree to which it meets the Council’s accreditation standards, and
- (3) the formulation of plans and recommendations for changes to the program in order to more effectively realize the mission, ensure compliance with CNME standards, and improve the educational experience and success of students.

The “self-study report” is the central document in the accreditation process. While the required content and format of the self-study report is the same for programs regardless of their stage in the candidacy or accreditation process, the Council does not expect a candidate program to exhibit the same level of maturity and stability as an accredited program. For a program seeking candidacy, the self-study report is a means for the developing naturopathic medicine program to show how it is organized, staffed and supported to accomplish its mission and objectives. The report also demonstrates the program’s potential for becoming accredited within five years. See Part Five for more information on the content, format and submission deadlines of the self-study report.

After the program completes the self-study process and submits a self-study report, a Council committee reviews the report for completeness and responsiveness. If the self-study report is accepted, the Council appoints an evaluation team that visits the institution’s campus to review the program. Following the evaluation visit, the Council holds a hearing on the program at a regularly scheduled Council meeting and makes a decision regarding the candidacy or accreditation status of the program. Policies and procedures pertaining to the evaluation visit, the conduct of the hearing, and the range of possible recognition actions are set forth in the following sections.

## ■ Planning for the Evaluation Visit

After acceptance of a program's self-study report, the Council authorizes an "evaluation visit" to the institution. The on-site evaluation visit is a comprehensive peer review process conducted by an "evaluation team" (a group of four or five individuals—led by a team chair—that represents the Council). The purpose of the visit is three-fold: (i) to verify first-hand the contents of the self-study report, (ii) to determine first-hand whether—and the degree to which—the program complies with CNME's accreditation standards and policies, and (iii) to provide advice and insight to the program, as might be appropriate, based on the expertise of team members. As described below, the team presents its findings to the Council in a written report.

An evaluation visit typically takes place over a three- or four-day period. Evaluation visit dates are arranged by the Council's executive director in consultation with the program's chief administrative officer six months to one year in advance of the visit.

At least two months before the visit, the executive director consults with a program representative regarding lodging and travel arrangements for the evaluation team. Generally, team members are responsible for making their own travel arrangements to the city in which the program is located, while the program is responsible for reserving rooms for team members in a suitable hotel convenient to the campus (including a small meeting area for the team), and arranging for local transportation during the visit. The program is responsible for all costs associated with the visit, as well as for providing an honorarium to the individual team members.

At least one month before the visit the program prepares, in consultation with the team chair and CNME executive director, an evaluation visit schedule that outlines the team's activities during the visit, taking into account the assignments of individual evaluation team members. The purpose of the schedule is to ensure that the team is able to review every aspect of the program that requires review, and that the team's time on campus is efficiently and productively allocated. The CNME executive director provides information to the program on what to include in the schedule. Among other things, the visit schedule includes interviews with program and institutional administrators, program faculty, students and board members—and possibly other individuals such as alumni. Additionally, the schedule provides time for touring the campus, reviewing records, visiting clinical sites and team deliberation.

At least one month prior to the evaluation visit, the program must prominently post or otherwise provide a notification to students, staff and faculty that they may contact the Council's executive director to request an opportunity to meet privately with the evaluation team during the visit. The executive director provides a suitable notification for this purpose that contains contact information.

Prior to the team's arrival, the program sets up a workroom on campus for the team. The room must be large enough to give team members adequate space to work and conduct interviews; secure, so confidential materials can be left safely; and private, so discussions cannot be overheard. The workroom should also be away from the administrative offices of the institution's/program's senior staff. The program places in the room the resource materials listed in the Self-Study Guide in Part Five of the *Handbook*, and/or provides ready access to these materials electronically or in nearby offices. The program may also provide any other documents or materials that it considers helpful for the team's understanding of the program. The Council's executive director or the team chair may request that specific materials be placed in the meeting room in addition to required materials. The workroom should also be supplied with writing materials, computers and a printer for use by the team.

## ■ Function and Composition of the Evaluation Team

An evaluation team serves as the Council's representative for the purpose of conducting an onsite review of a program. While the primary role of the team is to provide an accurate analytical assessment of whether the program is in compliance with the Council's accreditation standards and achieving its educational mission and objectives, team members also function as supportive consultants to the program. The team's goal is to produce an evaluation team report that will be both useful to the naturopathic medicine program and that will fully inform the Council's decision-making process.

An evaluation team for a comprehensive candidacy or accreditation visit normally consists of four or five members, with the number depending on the size and complexity of the program and whether the visit includes a review of a CNME-recognized residency program. Team members typically include at least one naturopathic physician who is licensed or has a license retired in good standing from a state or provincial naturopathic regulatory body, a naturopathic educator, and a person with broad experience as a college or university administrator. Generally, at least one team member is a Council member and at least one is not. Additionally, the Council's executive director accompanies the team and provides support and guidance. In the case of a focused or interim evaluation visit, the team may consist of a smaller number of members.

The Council's president (or vice president if the president is affiliated with the program being visited), in consultation with the executive director, selects the members of the evaluation team from a pool of well-qualified individuals who previously participated in a training session sponsored by the Council, and appoints one of the members to serve as the team chair. Summaries of the team members' professional backgrounds are provided to the program at least three months before the visit, and the chief administrative officer is asked to notify the Council's executive director of any potential issues regarding the team's composition. In selecting team members, the president and executive director observe the Council's Policy on Potential Conflicts of Interest (see Part Six of the *Handbook*); additionally, they seek to assemble a team whose professional skills and expertise cover a wide range of areas. After team members are selected, the executive director provides each evaluator with the materials necessary to prepare for the visit, including the Council's *Handbook of Accreditation*, *Handbook for On-Site Evaluators*, *Evaluation Team Report Template*, the program's self-study report, the evaluation team report and Council decision from the previous comprehensive visit (if applicable), and any other materials that might be pertinent to conducting the visit.

## ■ Conducting the Evaluation Visit

The evaluation team works as a unit. While team members have specific assignments in order to ensure complete coverage of all of the aspects of the program that must be reviewed, each evaluator shares equally the responsibility for the content of the final team report. Close cooperation and frequent discussion among members are essential. For some visits, especially focused visits, two more members of the team—or the entire team—may work together in interviewing program personnel and students and formulating team findings.

The chair of the team is responsible for leading the team and serving as its official spokesperson during the visit. Prior to the visit, the chair assigns to each team member—and to himself or herself—specific responsibilities for reviewing the program's compliance with CNME's accreditation standards and policies, and any other aspects of the program that must be reviewed (e.g., a residency program). While onsite, the chair ensures that team members carry out their responsibilities and that all required aspects of the program are reviewed. The chair also makes sure that the visit is conducted in accordance with the Council's policies and procedures. Finally, he or she plays an important facilitative role in assisting team members to thoroughly understand one another's viewpoints, to persist in discussion and research until they are reasonably sure of the facts when interpretations differ, and ultimately to agree on the findings to present to the Council.

On the evening before the first day on campus, the team members hold an informal meeting to review the Council's policies and procedures for conducting an evaluation visit, compare their tentative conclusions based on the self-study report and other information made available to them, identify areas of the program's operation that may require special attention, and review team member assignments.

On the morning of the first day of the visit, the evaluation team holds an introductory meeting with key program officials. The meeting provides an opportunity for: (i) program officials and team members to become acquainted, (ii) the program's chief administrative officer to welcome the team and convey any information that may be useful at the outset of the visit, and (iii) the team chair to give an overview of the evaluation process and indicate the areas of responsibility of team members. Following the introductory meeting, the program gives the team a tour of the campus.

During the visit, team members conduct interviews with individuals and groups, review documents and records, examine the library collections and equipment utilized by the naturopathic medical program, and examine the campus facilities—including classroom, clinical, administrative and student facilities—that are used by the program. An evaluation team generally meets each day to assess its progress and to identify outstanding issues. Team members may also seek supplemental materials and arrange for additional interviews in order to better assess the program's compliance with the Council's standards and policies and its success in achieving its mission. Throughout the visit, the team respects the confidentiality of the self-study report, supporting documents and materials, and materials viewed on campus. Near the end of the visit, the team meets to formulate its findings and suggestions, and to reach consensus on the confidential recommendation to the Council concerning candidacy or accreditation.

Programs and institutions differ widely; while there are a number of procedures generally applicable to conducting an evaluation visit on any campus, team members must also adapt themselves to varying circumstances and use the approaches they consider best suited to a particular program or institution. Team members should be aware that a comprehensive evaluation takes place while the institution is also conducting its normal business, and that the people they need to interview—faculty members, administrators, board members, students, and so on—must fulfill their other responsibilities. Such a situation requires flexibility on the part of evaluators to ensure that they gather all of the information they need to make well-informed judgments regarding the program; also, they must conduct the visit with discretion and a minimum of disruption to the program. The program should be aware that team members do not expect to be entertained. A social function for the team is permissible, but it should not be elaborate or of long duration. An appropriate function might be a breakfast on the morning of the first day of the visit, attended by the evaluators and several representatives from the program, or a meeting with board members over lunch.

The evaluation visit concludes with the “exit session”—a final meeting between the program and the evaluation team. During the exit session, the team chair presents an oral summary of the team's findings—the commendations and recommendations, making reference to the relevant sections of the *Handbook of Accreditation*—and any significant observations of the team that the chair wishes to share. While the exit session is not a forum for debating the team's findings, there is an opportunity for brief discussion among those present limited to clarifying any questions the program may have about the findings. The team chair and the chief administrative officer of the program decide beforehand on the time and location of the exit session, and the chief administrative officer may invite whoever he or she wishes among the program's (and institution's) administration, faculty and student body to attend the meeting. All members of the evaluation team attend the exit session unless there is an unavoidable conflict due to travel arrangements.

## ■ Evaluation Team Report

During the evaluation visit, the evaluation team formulates its findings and its confidential recommendation to the Council regarding a decision on candidacy or accreditation. Following the visit, the evaluation team writes a comprehensive report that presents: (i) detailed assessments of the naturopathic medicine program's

compliance with each of the Council's standards and policies, noting areas where improvements are needed; and (ii) an assessment of the program's overall performance with respect to student achievement. The team uses the Council's *Evaluation Team Report Template* as a guide to ensure that the report is complete. The following is the schedule for drafting an evaluation team report:

1. Within one week following the visit, evaluators send their report sections to the team chair, who assembles the draft report. If any sections of the report lack sufficient detail or are unclear, the team chair may request a team member to revise the section—or the chair may revise the section or do a first round of stylistic editing.
2. Within two weeks following the visit, the team chair sends a draft of the team's evaluation report to the Council's executive director. The executive director edits and formats the report with regard to style, but does not alter the content except with the chair's approval.
3. Within one month following the visit, the executive director distributes the draft report to the members of the evaluation team and the program's chief administrative officer. The evaluation team report does *not* contain the team's confidential recommendation to the Council on accreditation or candidacy.
4. Within 15 days of receiving the draft report, the program is given an opportunity to offer corrections to what it considers any factual mistakes or inaccuracies contained in the draft report. Team members may also offer comments or suggestions for revising the report. All feedback on the report is sent to the executive director, who in turn forwards it to the team chair for review. The team chair has the sole discretion for incorporating any suggested changes and for approving the content of the final report.
5. The executive director mails three copies of the final version of the evaluation team report to the program's chief administrative officer and emails an electronic version, and also mails or emails each team member a copy. Prior to the Council meeting at which the program's accreditation or candidacy will be considered, Council members also receive a copy of the report.

The Council limits access to the evaluation team report to team members, Council members, the Council's executive director, and the chief administrative officer of the naturopathic medicine program, who is encouraged to distribute the report among the program's community as the program considers appropriate. Additionally, the Council may make the report available to staff of the U.S. Department of Education and other regulatory and accrediting bodies, as may be required.

### ■ Program's Written Response to the Final Evaluation Team Report

The program is given an opportunity to respond to anything in the draft version of the evaluation team report that it considers to be factually incorrect or inaccurate. Once the Council issues the final team report (which is not subject to any further revision), the program is given an opportunity submit a formal written response to the final report within 15 days of receiving it. The following requirements apply to the program's formal response:

1. The program's response should focus primarily on any concerns or objections the program may have regarding the team's *recommendations*. Since the program is not required to comply with any of the *suggestions* contained in the final team report, the program need not address these in its response.
2. The maximum number of pages in the response is 40 pages double-spaced or 30 pages 1.5-spaced (for the sake of readability, formal responses should not be single-spaced); care should be taken to make the response as concise and focused as possible.
3. The program may submit documentation referenced in the response, provided that the documentation was available to the team at the time of the visit. No more than 40 pages of documentation may be provided; care should be taken to submit only documentation that is directly relevant to the content of the written response, and the written response should reference the relevant page number of appended documents. Where possible, relevant material should be excerpted from longer documents.
4. The report should be bound, and pages should be numbered.



5. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11-point in size.
6. Margins should be a minimum of one inch on every side: left, right, top and bottom.
7. The response should be organized in a way that orients the reader, and a lengthy response should include a table of contents and tabs to separate different sections.

The executive director will inform the program about both contact information for individuals to whom the formal written response should be submitted directly, and the report format (i.e., electronic or hardcopy) to be prepared/utilized.

### ■ Public Comment Period

In accordance with U.S. Department of Education requirements, the Council on Naturopathic Medical Education invites public comment whenever the Council has scheduled a hearing and plans to take action on a program's recognition status: Namely, whenever the Council reviews a program for initial candidacy, initial accreditation, or reaffirmation of accreditation. The Council provides for a public-comment period of at least 21 days' duration before the meeting at which the hearing is scheduled. The Council publishes public comment notices in accordance with the Policy on Public Comments, which can be found in Part Six of the *Handbook*.

### ■ Council Decision-Making Procedures

Prior to the regular or special Council meeting at which a program's initial candidacy, initial accreditation or reaffirmation of accreditation will be considered, the executive director provides to the Council the following materials for review:

- The program's self-study report;
- The evaluation team report;
- The team's confidential recommendation regarding the recognition action;
- The program's formal response to the team report (if any); and
- Any public comments received regarding the pending Council action (see the Policy on Public Comments in Part Six of the *Handbook*).

At the meeting, the Council holds a hearing in closed session during which the program is invited to offer comments and Council members ask questions. The closed session may be attended only by (1) Council members not affiliated with the program or its institution (the term "affiliated" is defined in the Council's Policy on Potential Conflicts of Interest, see Part Six of the *Handbook*), (2) the Council's executive director, (3) representatives of the program and its institution, (4) the chair of the evaluation team that visited the program, and (5) observers from the U.S. Department of Education. With the approval of the Council's president, or vice president if the president is affiliated with the program in question, other third-party individuals may attend that portion of the closed session needed in order to provide information about the program; additionally, officials from other regulatory bodies may be permitted to observe the hearing.

While the hearing provides a forum for the program to contest any findings contained in the team report with which it disagrees, the program may not introduce new information that was not available to the team during the visit, and may not distribute written materials during the hearing. Following the Council's interview with representatives from the program and institution, the representatives depart—at which point the Council, remaining in closed session, decides upon a recognition action. The Council relies solely upon the written record described above and any additional information obtained during the hearing to reach its decision.

Since the Council has the ultimate authority to grant or deny candidacy or accreditation, or take other actions such as imposing probation, the findings and confidential recommendation of the evaluation team are solely advisory to the Council. After considering all relevant information, the Council may adopt, modify or eliminate specific team findings—or add findings not identified by the team based on the Council’s review of the record—and also may adopt the confidential recommendation or decide differently based on its own judgment.

### ■ Council Actions on Initial Candidacy

Following a Council hearing on initial candidacy, the Council may take any of the following actions in regard to the program:

- Grant initial candidacy
- Defer a decision on initial candidacy
- Deny initial candidacy

Within ten business days after the hearing, the Council mails written notification of its action to the institution’s president and the program’s chief administrator.

In general, the Council grants initial candidacy to a program if it satisfies the Council’s eligibility requirements, is in substantial compliance with the Council’s accreditation standards and policies at a level that is reasonable for its stage of development, and is achieving its stated mission and objectives. If the Council grants initial candidacy, the program must comply with a number of conditions while it is a candidate for accreditation: see the Terms of Agreement section below. Also, the Council may set forth in its decision letter one or more “recommendations” (a recommendation is a corrective action that the Council deems necessary to address an identified area of non-compliance with Council standards or policies) or “areas of interest” (an area of interest denotes a deficiency in a program that does not amount to a non-compliance, but that necessitates ongoing reporting). Programs are not granted candidacy for a specific number of years; however, a program may remain in candidacy for no more than five years.

In general, the Council defers a decision on candidacy if the program appears, overall, to be achieving its stated mission and objectives and in compliance with the Council’s accreditation standards and policies, except for deficiencies in one or more key areas that the Council believes can readily be addressed within a reasonable timeframe not to exceed two years. In the case of a deferral, the Council may request additional information and/or documentation by a certain date regarding the steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been satisfactorily addressed. If the Council defers a decision on initial candidacy, the Council informs the program of the deficiencies upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the identified deficiencies, and the likely timeframe holding another hearing to reconsider the program for initial candidacy. A program may not appeal a decision by the Council to defer initial candidacy since a deferral is not considered an adverse decision. If a program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny candidacy.

In general, the Council denies initial candidacy to a program if the program has neither demonstrated substantial compliance with the Council’s accreditation standards and policies at a level that is reasonable for its stage of development, nor demonstrated the capacity to gain initial accreditation within a five-year period—the maximum time period that a program can remain a candidate for accreditation. Whenever the Council denies initial candidacy, the reasons for the Council’s action are stated in the written notification to the program. A program denied initial candidacy may appeal the decision in accordance with the Council’s Policy on Appeals (see Policy 3 in Part Six of the *Handbook*). If a program that is denied candidacy wishes to reapply for candidacy, it must resubmit a new eligibility application and pay the required fee; also, the

program must wait at least one year from the date of denial of candidacy before it may submit a new eligibility application.

A program may postpone or withdraw its application for initial candidacy at any stage in the process following the Council's acceptance of its eligibility application and prior to the Council's decision on initial candidacy, namely: prior to submission of a self-study report for candidacy, prior to a candidacy evaluation visit, or prior to the date of the Council's hearing on initial candidacy. In the event that the program postpones or withdraws its application for initial candidacy, the program may reactivate its application for initial candidacy within two years of the date that its eligibility application was accepted. Should the Council incur any expenses due to the postponement or withdrawal of the application for initial candidacy, such as the cost of airline tickets, the program will be responsible for covering these expenses. If the program does not reactivate its application within two years from the date that its eligibility application was accepted, then it must submit a new eligibility application and pay the required fee again if it decides subsequently to seek CNME recognition.

### ■ Terms of Agreement for Candidate Programs

A naturopathic medicine program recognized by the Council as a candidate for accreditation agrees to comply with the following requirements:

1. Abide by the policies stated in the *Handbook of Accreditation* and any other policies the Council may adopt.
2. File an annual report to the Council by January 15 (annual report forms are provided to programs in the fall of each year).
3. Submit copies of a two-year progress report (as directed by the Council's executive director) at least 60 days in advance of an evaluation visit for reaffirmation of candidacy; information in the report shall include:
  - a. A description and explanation of any changes in the educational requirements for the Doctor of Naturopathic Medicine degree or designation;
  - b. A description and explanation of any changes in admission requirements, grading, and student personnel services;
  - c. A description and explanation of any changes in policies affecting the faculty (e.g., changes in faculty salaries and other benefits), and information on any measures implemented to strengthen the faculty;
  - d. The headcount and F.T.E. enrollment for the fall term of the current academic year, and for the fall terms of each of the two preceding years;
  - e. The number of graduates awarded the Doctor of Naturopathic Medicine degree or designation during each of the last two academic years, and the estimated number to be awarded the degree during the current academic year;
  - f. A description and explanation of any changes in the physical plant, clinics, laboratories, and library that impact the naturopathic medical education program;
  - g. A description and explanation of any changes in the financial structure and condition of the institution and program, noting budgetary increases and/or decreases, and operating surpluses or deficits;
  - h. A current budget and a copy of the previous fiscal year's audited financial statement;
  - i. A description and explanation of any changes in the administrative structure and personnel of the program;
  - j. An update on the program's progress in implementing previously announced plans for program development and on any new plans that have been formulated;
  - k. An update on the program's progress in addressing Council-adopted recommendations and areas of interest; and

1. Any other information that the Council may request.
4. Host an evaluation visit for reaffirmation of candidacy every two years following the granting of initial candidacy, or earlier if requested by the Council.
5. Apply for initial accreditation only after consultation with the Council.
6. Pay annual dues and evaluation visit fees as established by the Council.

Candidate and accredited programs are expected to engage in a continuing self-study and self-development process to enhance quality. The Council may request a focused/interim report and an evaluation visit at any time, if circumstances so warrant—and is especially likely to do so if a program faces a serious problem or situation, and it appears that the program may not be able to continue to comply with the Council’s standards and policies or to fulfill its educational mission and objectives.

### ■ Loss of Candidacy

As noted above, a program may remain in candidacy for no longer than five years. A program loses its candidacy status whenever a program fails to achieve initial accreditation within five years from the date the Council granted candidacy status—either (i) by failing to take the required steps to seek initial candidacy within the five-year period of candidacy (in which case candidacy status lapses automatically), or (ii) by being denied initial accreditation by the Council (see the section on initial accreditation below). Additionally, the Council may withdraw a program’s candidacy for cause at any time, and the program has discretion to relinquish its candidacy status (and any subsequent accreditation) at any time, since seeking and maintaining CNME-recognition is entirely voluntary.

The Council reserves the right to withdraw the candidacy of a program for cause, after due notice, if: (i) evidence of progress in development is lacking, (ii) if the conditions or circumstances upon which the program was granted candidacy have significantly changed so as to adversely affect the quality of the program, or (iii) the program fails to comply with the Terms of Agreement. If the Council believes that candidacy should be withdrawn, it issues a show-cause letter requesting that the program correct one or more identified deficiencies within a specified period of time, not to exceed two years. The burden of proof rests with the program to demonstrate that it has satisfactorily addressed the deficiencies and that its candidacy should be continued. Circumstances that may lead the Council to issue a show-cause letter include but, are not limited to, the following:

- Failure to maintain compliance with the Council’s eligibility requirements, any accreditation standard with which the program previously complied, or the Council’s policies;
- Unsatisfactory progress in meeting the general goals for the development of the program;
- Failure to meet enrollment projections resulting in inability to sustain the program financially;
- Inadequate financial support and control;
- Inadequate physical facilities and equipment;
- Inadequate library and/or educational resources to support the program;
- Inadequacies in the number or the professional competence of the faculty, administrators or support staff; and
- Substantial inaccuracies in the catalog or academic calendar and other program publications.

Receipt of the program’s response to the show-cause letter may be followed by a request from the Council for a focused evaluation visit by one or more Council representatives, with the program bearing the cost of the visit.

Whenever the Council considers withdrawing candidacy, it holds a hearing in closed session with representatives of the program present for a portion of the hearing to answer questions. Within ten business

days after the candidacy of a program is withdrawn, the Council's executive director sends a formal decision letter to the chief administrative officer of the program, with copies to the chief executive officer of the institution and to the chair of the governing board. The letter includes the reasons upon which the Council's action is based. The program may appeal the Council's decision in accordance with the Council's Policy on Appeals. Pending action on an appeal, the program's candidacy status remains in effect.

A program whose candidacy status is withdrawn may apply for reinstatement of its candidacy status as soon as the deficiencies are corrected, provided that the five-year time limit for achieving initial accreditation has not expired. The reinstatement process requires the program to submit a focused report (the content of which is specified by the Council) demonstrating that it has satisfactorily addressed the deficiencies, and to host a focused evaluation visit; following the visit, the Council holds a hearing on whether to approve reinstatement of candidacy. The five-year time limit for achieving accreditation, which began when the program was initially granted candidacy, is not altered by reinstatement.

A program that loses its candidacy status with no opportunity for reinstatement (due to the expiration of the five-year candidacy period) must wait at least one year from the date its candidacy status lapsed or was withdrawn before reapplying for candidacy. To reapply for candidacy, a program must first petition the Council for permission to submit a new candidacy self-study report. If there are outstanding recommendations contained in a decision letter previously issued to the program, then the program must include in its petition information and documentation that demonstrates that it has addressed the outstanding recommendations. If candidacy was withdrawn for cause, the program must include in its petition information and documentation demonstrating that it has addressed the cause(s) set forth in the previous decision letter.

If the program or its institution uses a public forum or the media in an attempt to influence, challenge or discredit the Council's decision regarding a program's candidacy, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

### ■ Council Actions on Initial Accreditation

A candidate program must achieve initial accreditation within five years of gaining candidacy status, or its candidacy lapses and it loses CNME recognition. A candidate program may apply for initial accreditation at any time during the five-year candidacy period, provided that (i) there are students enrolled in each year of the program (or there will be students enrolled in each year of the program by the time of the evaluation visit), and (ii) the application submission is timed so as to allow for completion of the Council review process prior to the expiration of the five-year candidacy period. The Council recommends that programs consult with the Council's executive director prior to seeking initial accreditation.

The application process for initial accreditation is exactly the same as that for initial candidacy: submission of a self-study report, followed by an onsite visit by an evaluation team, and concluding with a hearing before the Council. See Part Five of the *Handbook* for detailed directions on preparing for, writing and submitting a self-study report; see the sections above for information on the evaluation visit and the Council review and hearing procedures.

Following a Council hearing on initial accreditation, the Council may take any of the following actions in regard to the program:

- Grant initial accreditation for a period of up to five years (with or without requirements);
- Defer initial accreditation (with or without requirements); or
- Deny initial accreditation and withdraw candidacy status.

Within ten business days after the hearing, the Council mails written notification of its action to the institution's president and the program's chief administrator.

In granting initial accreditation, the Council has determined that the program satisfies the Council's eligibility requirements, is in substantial compliance with the Council's standards and policies, and is achieving the program's stated mission and objectives. If the Council grants initial accreditation, the Council may set forth in its decision letter one or more "recommendations" (a corrective action that the Council deems necessary to address an identified area of non-compliance with Council standards or policies) or "areas of interest" (a deficiency in a program that does not amount to a non-compliance, but that necessitates ongoing reporting). In some cases, as part of its decision, the Council may require a focused or interim report and an onsite visit to monitor a program's progress in addressing recommendations; additionally, in rare circumstances the Council may apply a letter of advisement sanction (see below) at the time initial accreditation is granted if there are major deficiencies in the program that—in the judgment of the Council—warrant this sanction, but are not so severe as to require denial of initial accreditation and thus loss of CNME recognition.

In general, the Council defers a decision on initial accreditation if the program appears overall to be in compliance with the Council's accreditation standards and policies, except for deficiencies in one or more key areas that the Council believes readily can be addressed within a reasonable timeframe not to exceed two years. In the case of deferral, the Council may request a report containing additional information or documentation by a certain date regarding steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been adequately addressed. If the Council defers a decision on initial accreditation, the Council informs the program of the deficiencies upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the Council, and the likely timeframe for holding another hearing to reconsider the program for initial accreditation. A program may not appeal a decision by the Council to defer initial accreditation, as a deferral is not considered an adverse decision. If a program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny initial accreditation.

In general, the Council denies initial accreditation to a program and withdraws its candidacy status if the program is substantially out of compliance with a number of the Council's accreditation standards and policies, and the program is at—or very near—the completion of the five-year candidacy period and it appears that the program is incapable of bringing itself into substantial compliance with CNME's standards and policies within a two-year period. Whenever the Council denies initial accreditation, the reasons for the Council's action are stated in the written notification to the program. A program denied initial accreditation may appeal the decision in accordance with the Council's Policy on Appeals (see Policy 3 in Part Six of the *Handbook*). If a program that is denied initial accreditation wishes to reapply for accreditation, it must first regain candidacy status. In order to reapply for candidacy, a program must petition the Council for permission to submit a new candidacy self-study report according to the procedures set forth above.

A program may postpone its application at any stage in the process prior to the Council's decision on initial accreditation, namely: prior to submission of a self-study report for initial accreditation, prior to an evaluation visit for initial accreditation, or prior to the date of the Council's hearing on initial accreditation. In the event that the program postpones its application for initial accreditation, the program's candidacy status is continued without interruption; in this case, the program must still achieve initial accreditation within five years or its recognition by the Council lapses. Should the Council incur any expenses due to the postponement of the application for initial accreditation, the program will be responsible for these expenses.

If the program or its institution uses a public forum or the media in an attempt to influence, challenge or discredit the Council's decision regarding a program's initial accreditation, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

## ■ Council Actions on Reaffirmation of Accreditation

Once a program gains initial accreditation, the Council periodically “reaffirms” the program’s accreditation status (this process is also referred to as “reaccreditation”). The application process for reaccreditation is exactly the same as that for initial candidacy and initial accreditation: submission of a self-study report, followed by an onsite visit by an evaluation team, and concluding with a hearing before the Council. See Part Five of the *Handbook* for detailed directions on preparing for, writing and submitting a self-study report; see the sections above for information on the evaluation visit and the Council review and hearing procedures.

Following a Council hearing on reaffirmation accreditation, the Council may take any of the following actions in regard to the program:

- Reaffirm accreditation for a period of up to seven years (with or without requirements);
- Defer reaccreditation (with or without requirements); or
- Deny reaccreditation.

Within ten business days after the hearing, the Council mails written notification of its action to the institution’s president and the program’s chief administrator.

A program may be reaccredited for a period of up to seven years, though the specified accreditation period does not preclude the Council from comprehensively reviewing the program sooner if the program’s circumstances—in the judgment of the Council—so warrant. If the Council grants reaccreditation to a program, the Council may set forth in its decision letter one or more “recommendations” (a recommendation is a corrective action that the Council deems necessary to address an identified area of non-compliance with Council standards or policies) or “areas of interest” (an area of interest denotes a deficiency in a program that does not amount to a non-compliance, but that necessitates ongoing reporting). In some cases, as part of its decision, the Council may require a focused or interim report and onsite visit to monitor a program’s progress in addressing recommendations. Additionally, the Council may apply a sanction at the time reaccreditation is granted if there are major deficiencies in the program that—in the judgment of the Council—warrant a sanction, but are not so severe as to require denial of reaccreditation and thus loss of CNME recognition.

The Council generally defers a decision on reaccreditation if the program appears, overall, to be in compliance with the Council’s accreditation standards and policies except for deficiencies in one or more key areas that the Council believes can be readily addressed within a reasonable timeframe not to exceed two years. In the case of a deferral, the Council may request a report containing additional information and/or documentation by a certain date regarding the steps taken to address deficiencies; in addition, the Council may require a follow-up focused evaluation visit to observe whether the deficiencies have been adequately addressed. If the Council defers a decision on reaccreditation, the Council informs the program of the deficiencies upon which the deferral is based, the steps the program must take to demonstrate that it has addressed the deficiencies identified by the Council, and the likely timeframe within which another hearing to reconsider the program for initial accreditation may be held. A program may not appeal a decision by the Council to defer reaccreditation because a deferral is not considered an adverse decision. If a program whose reaccreditation is deferred is subsequently reaccredited by the Council, the reaccreditation time period granted reflects the duration of the deferral. If a program fails to satisfactorily address the deficiencies identified by the Council within the specified timeframe, the Council may subsequently deny reaccreditation.

In general, the Council denies reaccreditation to a program (and thus withdraws its accreditation status) if the program is substantially out of compliance with a number of the Council’s accreditation standards despite previous attempts to remedy areas of non-compliance identified by the Council, or has engaged in egregious practices that violate the Council’s standards and policies, and it appears that the program is incapable of bringing itself into substantial compliance with CNME’s standards and policies within a two-year period.

Whenever the Council denies reaccreditation, the reasons for the Council's action are stated in the written notification to the program. A program denied reaccreditation may appeal the decision in accordance with the Council's Policy on Appeals (see Policy 3 in Part Six of the *Handbook*). If a program that is denied reaccreditation wishes to reapply for accreditation, it must first regain candidacy status. In order to reapply for candidacy, a program must petition the Council for permission to submit a new candidacy self-study report according to the procedures set forth above.

If the program or its institution uses a public forum or the media in an attempt to influence, challenge or discredit the Council's decision regarding a program's reaccreditation, the Council may announce publicly the basis for its decision and make available any pertinent documentation in its records, including documentation normally kept confidential.

### ■ Focused and Interim Reports and Visits

In conjunction with a Council decision on candidacy or accreditation—or whenever a program's circumstances, in the judgment of the Council, so warrant—the Council may place certain requirements on a program, including the requirement to submit a “focused” or “interim” report and possibly host a follow-up focused or interim onsite visit. Focused/interim reports and visits provide a mechanism for a targeted review of a program when information on a program indicates that major deficiencies may exist or when such deficiencies have already been identified; they provide an avenue by which the Council can assess the program's current level of compliance in regard to specific Council standards and policies, and can review the program's steps to address the deficiencies in a context other than (or sooner than) a comprehensive accreditation visit. For example, a report and follow-up visit may be required at any time if a program has encountered an unexpected serious problem or situation that impedes its ability to comply with the Council's accreditation standards and policies, and/or if it appears that the program may not be able to continue to fulfill its mission and objectives. The Council specifies the content of the required report and the nature of the visit—including the duration of the visit, number of Council representatives on the team, and the aspects of the program to be reviewed onsite. Whenever the Council requires submission of a focused/interim report because of a determination that a program may be or is in noncompliance with an accreditation standard or section of a standard, the report shall be due no later than two years from the date that the determination was made. Whenever the Council requires a program to host a focused/interim visit because of a determination that a program may be or is in noncompliance with an accreditation standard or section of a standard, the visit shall be conducted no later than two years from the date that the determination was made.

### ■ Sanctions

The Council has the option, at any time, of applying a sanction to an accredited program in case of non-compliance with one or more of the eligibility requirements, standards or policies. By applying a sanction, the Council informs the program that it must bring itself into compliance within a certain specified timeframe. The following are the three sanctions the Council may apply; they are usually (though not always) applied sequentially, starting with a letter of advisement:

- **Letter of Advisement.** The naturopathic medicine program is formally advised by letter—sent to the program's chief administrative officer, and copied to the institution's chief executive officer and governing board chair—of deficiencies or practices that could lead to a more serious sanction if not corrected expeditiously. The letter requests a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Council has discretion to specify a longer timeframe). The Council does not make public the fact that it has issued a letter of advisement.
- **Probation.** If a program fails to respond satisfactorily to a letter of advisement or continues to be non-compliant with eligibility requirements, accreditation standards or policies, it may be placed on probation, which is a public sanction. A formal letter is sent to the program's chief administrative officer, with



copies to the institution's chief executive officer, the chair of the governing board, and relevant regulatory entities, setting forth the deficiencies upon which the probation is based. The letter requests submission of a focused report and (optionally) an evaluation visit by a specific date, generally not to exceed six months from the date of the letter (though the Council has discretion to specify a longer timeframe).

- **Show Cause.** If a program fails to correct the deficiencies or practices that resulted in probation, does not respond to a letter of advisement, or is found otherwise to have strongly deviated from the Council's eligibility requirements, standards or policies, it may be requested to show why its accreditation should not be withdrawn at the end of a stated period. The request to show cause is by formal letter to the program's chief administrative officer, with copies to the institution's chief executive officer, the chair of the governing board, and relevant regulatory entities. The burden of proof is on the program to demonstrate to the Council why its accreditation should be continued beyond the stated period. The letter sets forth the deficiencies upon which the show-cause action is based, specifies the show-cause period, and requests submission of a focused report and (optionally) an evaluation visit by a specific date. The issuance of a show-cause letter is a public sanction.

The Council judges the nature and severity of the situation in determining whether to issue a letter of advisement, impose probation, or issue a show-cause letter. While the three sanctions are of increasing severity, they are not necessarily applied in sequence. The Council may apply any sanction at any time, with the requirement that the program correct the cited deficiency or circumstance within a stated period, not to exceed two years from the imposition of the sanction, or not to exceed two years from the imposition of the first sanction if more than one sanction is applied for the same reason. Candidacy and accreditation continue during a period of a sanction. As noted above, while a letter of advisement is not made public, the actions of probation and show cause are published. The program is responsible for any costs associated with a sanction, such as hosting an onsite visit.

As noted above, the Council has the authority to impose a sanction in the context of a hearing on initial or reaffirmation of accreditation; in this case, the Council may, but is not required to, provide notice of its intended action. Should the Council consider placing an accredited or candidate program on probation or issuing a show-cause letter outside of the context of an accreditation action, the Council will: (i) inform the program of the sanction it intends to impose and the deficiencies or circumstances upon which the sanction is being considered, and (ii) provide the program an opportunity to submit a written response at least 15 days prior to date of meeting. In the event that a program's non-compliance with CNME requirements poses potential immediate serious harm to students or others, the Council may forgo notification to the program or provide a shorter notice period. Within ten business days of imposing a sanction the Council gives the program written reasons for its action. A program may not appeal a decision by the Council to impose a sanction, as a sanction is not considered an adverse decision.

### ■ **Withdrawal of Accreditation**

At the end of the time period stated in a show-cause letter, the Council will withdraw the accreditation of a program that has not corrected to the satisfaction of the Council the deficiencies or circumstances which led to the issuance of the letter. At least 30 days before the meeting date on which the Council will decide whether to withdraw accreditation based on the circumstances or deficiencies identified in the show-cause letter, it will: (i) inform the program of its intended action, and (ii) provide the program an opportunity to submit a written response at least 15 days prior to the date of meeting.

If a program or its institution is found by the Council or a judicial court—or a federal, state or provincial agency—to have engaged in fraudulent activity, or if the institution loses its authority to grant the Doctor of Naturopathic Medicine degree or designation, the Council will withdraw accreditation. In such cases, the Council's procedures for sanctions do not apply, and the terms and conditions set forth in a letter of advisement, a probation decision, or a show-cause letter that the Council may have issued are nullified.

A program that has its accreditation withdrawn is not entitled to a refund of any fees or dues it has paid to the Council. As outlined above, a program interested in regaining accreditation must first seek candidacy status.

### ■ Annual Report

An accredited naturopathic medicine program is required to submit an annual report to the Council by January 15. The annual report form is emailed to each program in the fall. The Council reviews annual reports at its semi-annual meeting in the spring in order to ensure programs' ongoing compliance with accreditation standards and policies, monitor programs' progress in addressing outstanding recommendations and areas of interest, and to become aware of any significant changes or trends that may adversely affect individual programs' ability to remain in compliance with accreditation standards and policies.

### ■ Substantive Change

The accreditation or candidacy status of a naturopathic medicine program pertains to the entire program—including all its sites and educational offerings. If a program wishes to make a substantive change, it must submit an application to the Council that describes the proposed change; the application must be approved by the Council prior to implementation of the proposed change.

#### Definition and Examples of Substantive Change

A substantive change of an accredited or candidate naturopathic medicine program is one that may significantly affect the quality, objectives, scope, or location of educational offerings; the degree or designation offered; or the legal control of the program. The following are examples of substantive changes:

- A significant change in the program's mission or objectives;
- Any change in the legal status, sponsorship, or control of the institution that offers the program;
- A merger or affiliation with another institution;
- The addition of another academic program by an institution that currently grants only the Doctor of Naturopathic Medicine degree or designation that may have a major impact on the ND program;
- A significant change in the quantity of education offered in the naturopathic medicine program, including additional courses or programs (or their deletion) that represent a significant departure in terms of content or delivery from those offered at the time of the Council's most recent evaluation of the program;
- A change in the credential awarded for completion of the naturopathic medicine program;
- A change in the way educational quantity of the naturopathic medicine program is measured, such as from clock hours to credit hours;
- The offering of a different program format for students from other healthcare professions; and
- The initiation of a branch campus, center or teaching clinic where student clinicians are permanently assigned, or another instructional site in an area or region not previously served, where naturopathic medical students may fulfill any portion of their degree requirements (note that the Council has a separate policy that pertains to the establishment of a branch campus—see Part Six).

In cases where a program's administrative officers are uncertain whether a change they are considering is substantive, they should consult the Council's executive director.

## **Approval Process for Substantive Change**

The purpose of the approval process is to ensure that a proposed substantive change is well planned, will be implemented in accord with the Council's standards, and will not adversely impact the CNME-recognized naturopathic medicine program.

An accredited or candidate program is responsible for notifying the Council's executive director at least four months prior to the planned implementation of a proposed substantive change. After the planning process has been completed, but no less than two months before the change is to be instituted, the program submits a substantive change application to the Council's executive director who, in consultation with the Council president, appoints a substantive change committee to review the application (note that branch campus submission deadlines are different). The substantive change committee or CNME executive director may at any time request additional information from the program if the substantive change application is incomplete.

Within one month of receipt of the substantive change application, the substantive change committee meets to review the application. The substantive change committee may act to:

- Approve implementation of the substantive change without any conditions;
- Approve implementation of the substantive change with conditions;
- Defer action pending receipt of additional information;
- Refer the matter to the full Council for consideration;
- Deny approval of the proposed change; or
- Require an evaluation visit prior to the committee or Council making a decision or following implementation of the change.

A program receives written approval from the substantive change committee or the Council before implementing it. A program that makes a substantive change without approval places its accreditation or candidacy in jeopardy.

## **Substantive Change Application**

Although the content of the substantive change application depends on the nature of the proposed change, the following items are relevant in most cases:

- A clear statement on the consistency of the change with the mission and objectives of the program or, if the change is in the mission and objectives, a brief statement of the rationale for the change (note, however, that rephrasing a mission and objectives statement is not a substantive change if it does not significantly alter the meaning and content of the original wording);
- Evidence of formal approval or authorization by the governing board of the program's institution and, if applicable, by the appropriate governmental agency;
- A clear description of the educational offering(s), and evidence of approval by the appropriate academic policy body of the program or its institution;
- Plans and descriptive information showing evidence of need for the change, the clientele to be served, the procedures followed in reaching the decision to initiate the change, the organizational arrangements needed to accommodate the change, and the timetable for implementation;
- Budget projections (revenue and expenditures) for each of the first three years, including (a) revenue and expenditures associated with the change itself, and (b) institutional or program support to be reallocated to accommodate the change;
- An analysis that thoroughly addresses the budgetary and financial implications of the change;

- An analysis of the administrators, faculty, and staff who are needed, including the educational and professional experience and qualifications of the administrators, faculty and staff in relation to their individual assignments, and the availability of well-qualified administrators, faculty and staff to fill the positions needed for the change.

While the Council does not prescribe the format of a substantive change application, the application should be carefully organized for ease of review and contain only documentation relevant to the proposed change.

### **Progress Report and Evaluation Visit**

The Council requires a program to submit a progress report following the implementation of the substantive change—generally within six months of the implementation date specified by the program, though the Council has the discretion to specify a longer time period or require the progress report to be included with the program’s annual report. The purpose of the report is to provide information on the effects of the substantive change on the program and institution since its implementation—including whether results have matched projections, and whether any unanticipated problems have arisen. The Council’s executive director informs the program of the number of report copies that must be submitted and where to send them.

If the Council’s substantive change committee or the Council as a whole has required an evaluation visit either before considering the substantive change application or after it is implemented, a team appointed by the Council’s president (or vice president if the president is affiliated with the program in question) conducts the visit. The size and composition of an evaluation team depend on the nature of the substantive change. The visit dates are set by the Council’s executive director in consultation with officials of the program.

If an evaluation visit is required, the progress report is submitted to the Council at least one month before the visit, and copies are also provided to the evaluation team members. The progress report and the evaluation team report (if applicable) are reviewed by the Council at its next meeting. If the substantive change has been implemented in a way that does not raise any compliance issues or questions regarding CNME standards and policies, the Council acknowledges the progress report and takes no further action. If there are compliance issues or questions, the Council may take appropriate action including requiring follow-up progress reports and onsite visits.

As noted above, the Council has a specific policy on the submission of a substantive change application to establish an ND program at a branch campus (see Part Six).

If the program decides to postpone or cancel the planned substantive change following Council approval, it must promptly inform the Council of this decision and the reasons for the postponement or cancellation. If the program should subsequently decide to implement the substantive change, it must promptly inform the Council of this decision and the new timeline for implementation; in this latter case, the Council has discretion to review the substantive change application in light of any changed circumstances and to request additional information.

### **■ Policies on Disclosure of Information**

#### **Public Information and Notification to Agencies**

- (a) Within 30 days after reaching one of the following decisions, the Council on Naturopathic Medical Education informs the public through a notice on its website, and provides written notification to the U.S. Secretary of Education, the appropriate accrediting agencies, the appropriate state and provincial postsecondary and authorizing agencies, the North American Board of Naturopathic Examiners, and state and provincial naturopathic physician licensing authorities a decision to:

- Award initial accreditation or candidacy (i.e., preaccreditation) to a naturopathic medicine program; or
  - Reaffirm the accreditation or candidacy of a naturopathic medicine program.
- (b) The Council on Naturopathic Medical Education provides written notice of the following types of decisions to the U.S. Secretary of Education, the appropriate accrediting agencies, the appropriate state and provincial postsecondary and authorizing agencies, the North American Board of Naturopathic Examiners, and state and provincial naturopathic physician licensing authorities at the same time it notifies the program of the decision, but in any event no later than 30 days after it reaches the decision:
- A final decision to place a program on probation, show cause or an equivalent status; or
  - A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or candidacy of a program.
- (c) The Council will, within 24 hours of its notice to the program, publicly announce on its website a final decision to place a program on probation or issue it a show-cause letter, or to deny, suspend, revoke, withdraw or terminate a program’s accreditation or candidacy.
- (d) Whenever the Council denies, suspends, revokes, withdraws or terminates a program’s accreditation or candidacy, the Council will make available the following information—no later than 60 days after its final decision—to the U.S. Secretary of Education, the appropriate accrediting agencies, the appropriate state and provincial postsecondary and authorizing agencies, the North American Board of Naturopathic Examiners, and state and provincial naturopathic physician licensing authorities, and to the public upon request:
- A summary of the Council’s findings and reasons for the decision; and
  - The official comments, if any, that the affected program may wish to make regarding the decision.

In the event that the program declines to issue official comments regarding the decision, the Council shall provide evidence that the program was offered the opportunity to do so.

- (e) A recognized naturopathic medicine program may voluntarily withdraw from accreditation or candidacy at any time. If it does so, the Council will notify the U.S. Secretary of Education, appropriate state and provincial post-secondary and authorizing agencies, the appropriate accrediting agencies, the North American Board of Naturopathic Examiners, state and provincial naturopathic physician licensing authorities, and the public (through a notice on the Council’s website) within 30 days of receiving notice from the program of its decision.
- (f) The Council will, within 30 days of its action, provide to the U.S. Secretary of Education a thorough and reasonable explanation—consistent with the Council’s accreditation standards and policies—why a negative/adverse action by a recognized institutional accreditor or a state agency does not preclude the Council’s granting (or reaffirmation) of accreditation or candidacy. The explanation will be provided if the Council ever grants or reaffirms the accreditation or candidacy of a naturopathic medicine program within an institution the Council knows is the subject of:
- A pending or final action brought by a state agency to suspend, revoke, withdraw or terminate the institution’s legal authority to provide post-secondary education in the state;
  - A pending or final action brought by a recognized accrediting agency to suspend, deny, revoke, withdraw or terminate the institution’s accreditation or pre-accreditation; or
  - Probation or an equivalent status imposed by a recognized agency.

## **Actions by Other Accreditors and Public Agencies**

An institution that offers a naturopathic medicine program accredited or recognized as a candidate for accreditation by the Council is expected to remain in good standing with other accreditors with which the institution or its programs have accreditation or pre-accreditation, as well as with national, state and provincial regulatory agencies including boards of higher education (or similarly named agencies). The Council requires accredited, candidate and applicant naturopathic medicine programs to report within ten business days certain actions taken by recognized institutional and programmatic accreditors and by state agencies. The actions to be reported are:

- Any interim action by a recognized institutional accreditor potentially leading to the denial, suspension, revocation, or termination of accreditation or pre-accreditation, or any final action leading to one of these results;
- Any interim action by a state agency potentially leading to the suspension, revocation or termination of the institution's authority to grant the Doctor of Naturopathic Medicine degree or designation, or any final action leading to one of these results;
- The granting of accreditation or pre-accreditation to the institution or to any program within the institution; and
- The withdrawal of accreditation or pre-accreditation, or the imposition of probation, show-cause or an equivalent sanction, on any program within the institution by a recognized programmatic accreditor.

Whenever the Council learns that an institution that offers a Council-recognized naturopathic medicine program is the subject of a pending or final adverse decision as outlined above, the Council will promptly review its recognition of the naturopathic medicine program to determine whether the Council also should take action by withdrawing the program's recognition or imposing a sanction in the form of probation or a show-cause letter.

## **Information Report**

The Council publishes and makes available to the public an information report that includes:

- A list of accredited and candidate naturopathic medicine programs with their addresses and telephone numbers;
- For each accredited and candidate program, the date when the Council is next scheduled to make a decision on the reaffirmation of accreditation or candidacy or, in cases where a candidate has applied for accreditation, the date when the Council will decide on initial accreditation;
- For any program on probation or subject to a show-cause action, a notation to that effect, including the date of the action;
- For each applicant program, the year during which it is scheduled to be considered for candidacy;
- For programs that will be reviewed by the Council at the next Council meeting, instructions for providing third-party comment in writing concerning the program's qualifications; and
- Instructions for obtaining the Council's printed procedures, eligibility requirements, standards and policies, as well as for obtaining a list of Council members and staff that includes their academic and professional qualifications, and their relevant employment and organizational affiliations.

The information report is updated and reprinted whenever the information is no longer current and complete. It is routinely sent to state naturopathic physician licensing authorities, appropriate state education agencies, national associations of licensed naturopathic physicians, the U.S. Department of Education, and other agencies, organizations and individuals who inquire about the Council's activities or programs affiliated with the Council. The same information in the printed report is posted on the Council's Internet site.

## Confidentiality of Documents

In accordance with its Policy on Recordkeeping (see Part Six of the *Handbook*), the Council routinely maintains a variety of materials associated with its oversight of affiliated naturopathic medical programs. These materials—which are, with certain well-defined exceptions, kept confidential—include the following:

- Eligibility applications;
- Self-study reports for candidacy and accreditation, interim reports, and progress reports;
- Evaluation team reports and other reports of visiting representatives of the Council;
- Program responses to evaluation team reports and other reports;
- Correspondence to and from the program related to the program’s candidacy and accreditation;
- Annual reports; and
- Substantive change reports.

As a U.S. Department of Education-recognized accreditor, the Council allows access by the U.S.D.E. to confidential materials as necessary. In cases where a program evaluated by the Council is part of an institution that has accreditation or pre-accreditation from a recognized institutional accreditor, or if the institution is in the process of applying to a recognized institutional accreditor, the Council may share the self-study report and evaluation team report with the institutional accreditor, which also treats the reports as confidential. The Council may also provide access to confidential materials if required to do so as part of a legal action.

Naturopathic medicine programs are encouraged to make available to the campus community the self-study report, the evaluation team report, and other reports submitted to or received from the Council. They may also elect to release to the public those reports and records that the Council treats as confidential. A program and its institution must be objective in publishing excerpts from a self-study or evaluation report. Excerpts that quote only commendations or take statements out of context are to be avoided as they may be misleading. When selective quotations are made or excerpts published, the program is required to provide access to the entire document from which the quotations or excerpts are taken. If the Council, its president, or its executive director determines that a program or its institution has inaccurately or misleadingly published or stated information contained in a self-study report, evaluation team report, or other document, the program or its institution must provide an appropriate public correction immediately, or the Council’s president or executive director will so provide.

## Public Comments

With regard to public comments concerning the qualifications of a naturopathic medicine program for accreditation or candidacy, the Council limits disclosure of the comments and information received to members of the Council and, upon request, to the program’s chief administrative officer. See Policy on Public Comments in Part Six of the *Handbook* for more information.

## ■ Fees and Expenses

The Council on Naturopathic Medical Education is a not-for-profit organization. Its primary mission is to serve the public by promoting high quality education in naturopathic medicine and by accrediting naturopathic medical education programs in the U.S. and Canada that meet or exceed CNME’s standards. To support its work, the Council charges fees for its accreditation services (and also for its activities associated with regulating naturopathic residency programs); these fees are used to defray the expenses of running the Council and also to fund a modest reserve to cover unanticipated or emergency expenditures. Additionally, the Council accepts donations. As a not-for-profit organization, all funds are devoted to carrying out the mission and related activities of the Council, and the Council’s Board of Directors approves annual budgets and sets fees with the goal of serving the public and profession as cost-effectively as possible without

jeopardizing the quality of its services.

The fees set forth below are denoted in U.S. dollar amounts, and are current as of the publication date of the *Handbook* and subject to change without notice. An institution should contact the Council's executive director for current information on fees.

#### **Fee Structure (as of the publication date of this edition)**

- **Eligibility Application Fee:** \$5,000. This fee is required when a program submits an eligibility application. For information on the application process and circumstances under which a partial refund may be given, see Part Two of the Handbook.
- **Annual Sustaining Fee for Candidate or Accredited ND Program:**
  - **Base Fee** for accredited and candidate ND programs: \$22,150; and
  - **Per Student Fee:** \$20.00 per full time equivalent (FTE) student in the ND program.

(The Council sends an invoice to candidate and accredited programs each fall for the fee amount and payment is due by January 15<sup>th</sup>. Note that if a program is granted initial candidacy partway through the calendar year, the fee is prorated starting from the date that the program gains CNME recognition. )

- **Annual Sustaining Fee for an ND Program at a Branch Campus:**
  - **Base Fee** for accredited and candidate ND programs: \$11,075; and
  - **Per Student Fee:** \$20.00 per full time equivalent (FTE) student in the branch campus ND program.
- **Application Fee for Residency Sponsor Recognition:** \$1,000. (See the Council's *Residency Handbook* for more information.)
- **Annual Sustaining Fee for Residency Sponsors:** \$2,000.
- **Fee for Rescheduling an Evaluation Visit:** \$1,000 fee to cover the additional time of Council staff to reschedule the visit (note that any expenses incurred in changing the date are covered by the program).

#### **Evaluation Team Visit Expenses and Honoraria (as of the publication date of this edition)**

The Council charges ND programs for all the expenses associated with an evaluation visit (including travel, lodging, meals, etc., for evaluation team members and the Council's executive director) plus an honorarium for each evaluator as follows: \$200 per day for the days spent on campus (plus \$200 to cover one day of travel), and an additional \$200 for the team chair. About 30 days before an evaluation team visit, the Council invoices the program for the approximate cost of the visit based on the number of evaluators and the number of days they will be on campus. This amount invoiced is payable before the visit. If the actual expenses are less than the prepaid amount, the Council refunds the difference; if the expenses are more, the Council invoices the program for the balance.



## **PART FOUR: Accreditation Standards for Naturopathic Medicine Programs**

### **■ Introduction**

This part of the *Handbook of Accreditation* sets forth the Council’s 11 accreditation standards, which are at the heart of the Council’s recognition process. These standards were developed by the Council in partnership with the naturopathic education and practitioner communities, and reflect a consensus regarding the content, characteristics and resources of a naturopathic medicine program necessary for (i) graduating safe and effective practitioners capable of working within the broader context of the U.S. and Canadian healthcare systems, and (ii) achieving its educational mission and objectives. In order to achieve candidacy and accreditation, a naturopathic program must demonstrate compliance with the Council’s accreditation standards and the policies set forth in this *Handbook*; a program that achieves candidacy or accreditation is responsible for maintaining ongoing compliance with the standards and policies.

Also included in this part of the *Handbook*, following the accreditation standards, are the Council’s *Guidelines on the Use of Information and Communication Technology in Naturopathic Medical Education*. Additionally, included as Appendix 7 in this *Handbook* is a document titled: “Core Competencies of the Graduating Naturopathic Student,” which was adopted by the Association of Accredited Naturopathic Medical Colleges in 2014. While the Council has not adopted the set of competencies contained in the Core Competencies document as a formal requirement for CNME-accredited and candidate ND programs, the Council nonetheless considers these competencies as important and representative of the knowledge, skills and abilities that programs should strive to inculcate in their students.

Every eight years following completion of the last comprehensive standards review—or sooner if the Council so decides—the Council’s standing Committee on Standards, Policies and Procedures (COSPP) engages a comprehensive review of the 11 accreditation standards to ensure that they continue to foster high quality in naturopathic medical education, reflect the evolving needs of the field and the broader healthcare system, and comply with the requirements of the U.S. Department of Education. The next comprehensive review of the standards is scheduled for 2023. COSPP also reviews individual standards whenever circumstances may necessitate such a review. Whenever the Council considers a revision to its standards, it circulates the proposed revision for public comment. The Council welcomes at any time suggestion for improving its accreditation standards and policies.

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### **■ Standard I: Program Mission and Outcomes**

#### **A. Mission and Outcomes**

1. A naturopathic medicine program (henceforth referred to as the “program”) has a clear, concise and realistic program mission statement (or equivalent) that identifies what it intends to accomplish, and encompasses the educational preparation of naturopathic physicians/doctors.
2. The program mission statement is consistent with the operating authority of the program and institution, and reflects doctoral level education. For a program located within a multipurpose higher education institution, the program mission statement is aligned with the institutional mission statement.
3. The program mission statement must be accompanied by a set of program outcomes. The outcomes must be consistent with the mission statement and guide the program in establishing specific student achievement/learning goals and objectives and other relevant outcomes of the program.

## **B. Development, Implementation and Review of the Mission and Outcomes**

1. The program mission statement is developed through an inclusive process that involves the program's constituencies, including the administration, faculty and students, and is periodically reviewed in the contexts of continuing self-study and assessments of program outcomes and effectiveness, including assessments of student achievement/learning. The program mission statement is formally approved by the institution's governing board.
2. The program mission statement and program outcomes are widely disseminated, consistently appear in appropriate program publications (including the catalog or academic calendar), and are generally understood and supported by the program's communities of interest.
3. The program mission and outcomes serve as the foundation for all of the program's activities, services and policies; they inform the strategic planning process and guide the allocation of resources.

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## **■ Standard II: Organization, Governance and Administration**

### **A. Legal Organization and Governance**

1. The institution offering the program must be incorporated and authorized to operate under the applicable laws of the state or province and local community in which it is located, and authorized to offer a Doctor of Naturopathic Medicine degree, or a substantially equivalent credential, from the appropriate state or provincial agency.
2. A program in the U.S. that has CNME candidacy status is eligible for initial accreditation by CNME only if the institution offering the program has candidacy or accreditation status with an institutional accrediting agency recognized by the U.S. Dept. of Education.
3. A program in Canada that has CNME candidacy status is eligible for initial accreditation by CNME only if the institution offering the program has provincial approval for participation in government-funded student-aid programs; if government-funded student aid programs are unavailable to students in the program due to legal impediments beyond the institution's control, the institution must ensure that suitable private student aid programs are available.
4. The institution offering the program must have an effective governing board, composed of qualified members with diverse professional backgrounds, that operates according to a set of bylaws and observes an appropriate conflict of interest policy.
5. The governing board exercises ultimate authority over the institution, free of undue outside influence; it is responsible for activities such as establishing broad policy, approving long-range plans, appointing and evaluating the chief executive officer, ensuring fiscal viability, approving institutional budgets, ensuring the integrity of the institution, approving major program changes, and evaluating its own performance. The governing board is informed about the CNME accreditation process.
6. There must be processes by which the program can formally, regularly and effectively communicate to the governing board its needs for resources and provide input on relevant institutional and program issues.

### **B. Administration**

1. The program is located in an institution that has an appropriately qualified chief executive officer (e.g., president) whose full-time or major responsibility is to the institution.
2. The program must have an appropriately qualified chief academic officer (e.g., dean, program director), or academic leadership team, whose full-time or major responsibility is to the program; the

academic leadership team must include an experienced naturopathic physician. The chief academic officer or the academic leadership team must have appropriate authority and autonomy to manage the program, and must ensure that (i) fiscally responsible strategic or long-range planning is periodically carried out in order to enable the program to adapt to changing circumstances, and (ii) the program of study is periodically reviewed and revised as needed.

3. The program must have an appropriately qualified and stable administrative staff sufficient in size to meet the needs of the program and achieve the program's mission, including where applicable adequate staff to support the use of information and communication technology in the educational delivery of the program. The organizational structure of the administrative staff must be clearly documented. Staff members must have clearly defined roles and responsibilities, and have sufficient authority to carry out their responsibilities effectively. The conditions of employment (e.g., compensation, support, and workload) for administrative staff are adequate to attract and retain qualified personnel and are periodically reviewed for continued adequacy.
4. Within the institution's administrative hierarchy, the naturopathic medicine program must be placed at the same level and have the same administrative status (reflected in sections B.2 and B.3 above) as other comparable institutional healthcare related programs leading to professional doctoral degrees. There should be evidence of strong senior level commitment to and support for the program.
5. There must be in place a comprehensive set of policies and procedures regarding human resources that include procedures for evaluating the performance of administrative staff and faculty members on a regular basis, a grievance policy for employees, and non-discrimination and equal opportunity policies. Within the constraints of its resources, the institution and program should provide employees with opportunities for professional development.
6. There must be mechanisms in place to allow for major program constituencies, including faculty, administrative staff and students, to communicate their needs and provide input in matters of significant interest to them to the program's leadership team. In particular, faculty members must have opportunities to provide substantive input into academic and policy matters directly related to the educational program and faculty.

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### ■ Standard III: Planning and Financial Resources

#### A. Planning

1. The institution must have (i) a strategic plan that sets forth its organizational and programmatic priorities, goals and objectives, and (ii) a financial plan that aligns with the strategic plan and that includes a budget for the current fiscal year and budget projections for two additional fiscal years.
2. The program must have a strategic planning process that takes into consideration information derived from its assessment processes, and that identifies program priorities, goals and objectives, and the resources necessary to achieve them. The results of the program's strategic planning process must align with the institution's strategic plan.
3. The program must have sufficient input into and involvement with institutional strategic and financial planning to ensure that its current and future needs will be met.
4. Institutional and program plans are regularly reviewed, and changes are made as necessary.

#### B. Institutional Financial Resources

1. The institution in which the program is located must demonstrate adequacy and stability of financial resources to support the program.

2. An annual independent audit of the institution's financial statements must be conducted by an outside certified or chartered public accountant. For institutions which are recipients of U.S. Federal awards and grants, an annual audit in accordance with the requirements of OMB Circular A-133 must be conducted.

### **C. Program Financial Resources**

1. The program must be provided with sufficient financial and other resources to (i) achieve its mission, (ii) meet existing program commitments, and (iii) provide adequately for instruction, research and scholarship, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific needs and functions.
2. At a minimum, there must be a 3-year program budget, including the current fiscal year, with projected revenues and expenditures based on realistic assumptions (in single-purpose institutions, the program budget can be the institutional budget). The program must have sufficient control over the program budget to achieve its mission and conduct its operations.
3. The process by which the program's annual budget is established, and resources allocated, must (i) be clearly defined and consistently implemented, and (ii) take into account information derived from the program's assessment processes. The annual budget must provide a realistic projection of the program's revenue and expenditures based on reasonable assumptions.
4. The current program budget and projected budgets are regularly reviewed, and changes are made as necessary. Program budget managers are provided with regular financial reports and are informed of budget changes in a timely manner.

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## **■ Standard IV: Program Faculty**

### **A. Faculty Qualifications**

1. Program faculty must have appropriate education and experience for their teaching positions and responsibilities in the program. Individual faculty members must possess appropriate advanced or professional degrees—usually terminal degrees in their field—and any other qualifications required to provide doctoral-level instruction in their assigned areas. The program must maintain current documentation of each faculty member's credentials.
2. Program faculty must possess sufficient skills in instructional methodology, including evaluation of student learning and the use of information and communication technology, to ensure that the program is effectively delivered.
3. Clinical faculty members must have a minimum of two years of clinical experience, and the majority of clinical faculty members must have a minimum of five years of experience. Individuals who have fewer than two years of clinical experience and are currently in or graduates of a CNME-approved postdoctoral residency program in naturopathic medicine may participate in clinical instruction in a mentored environment. Clinical faculty must have a current license or registration from a state or province.
4. The overall composition and combined experience of the faculty must adequately reflect the naturopathic orientation of the program, and provide strong assurance of the program's potential to produce graduates who are capable of integrating naturopathic principles, philosophy and clinical theory into clinical practice.

## **B. Faculty Sufficiency**

1. There must be a reasonably stable and sufficient number of full- and part-time faculty members to effectively meet program needs and responsibilities, including requirements pertaining to instruction, service, and research/scholarship.
2. There must be a sufficient number of full- and part-time faculty to effectively meet the service needs and requirements of the program, such as: program planning, assessment and revision; faculty governance; academic counseling and other academic responsibilities; and to allow for participation in national, state and local professional associations, licensing boards, accreditation and certification agencies, and other organizations contributing to the advancement of the field of naturopathic medicine.

## **C. Faculty Orientation and Performance Evaluation**

1. The program provides an orientation for new faculty members. For faculty members trained in fields other than naturopathic medicine, the orientation provides an introduction to naturopathic medical principles, philosophy, clinical theory and clinical practice.
2. All faculty members are evaluated periodically on their performance of assigned duties, including as appropriate the quality and effectiveness of instruction (including effective use of instructional technology), their research/scholarship activities, their professional development, and their service activities and responsibilities. The results of evaluations are provided to individual faculty members and the institution/program ensures that deficiencies are addressed.

## **D. Faculty Professional Development**

1. The institution and the program support the on-going professional development of faculty members through appropriate policies and the provision of opportunities, assistance and incentives for professional development. The administration provides or makes available remedial and professional development offerings to support the attainment of developmental goals identified through the faculty performance evaluation process.
2. Individual faculty members are expected to: (i) be engaged in on-going professional development to enhance their instructional effectiveness (including assessment of student learning), as may be applicable to their assigned duties, and (ii) stay current in their academic discipline and relevant professional skills. Faculty members who utilize information and communication technology in teaching receive appropriate training and ongoing support to ensure instructional effectiveness.

## **E. Faculty Participation in Program Development and Academic Administration**

1. The faculty must have an appropriate role in the development of institutional and program policies that affect the faculty. Structures and mechanisms must be in place to facilitate communication among the faculty and between the faculty and administration.
2. A faculty governance organization must be in place and meet periodically. The organization must be appropriate to the size and complexity of the institution, be representative of the faculty, and conduct business in accordance with written procedures that define its decision-making authority.
3. Faculty members contribute to the academic integrity of the program. The faculty is involved in the development and implementation of the program's curriculum and academic policies, including development of program delivery mechanisms, student selection, evaluation, discipline, academic standing and graduation. Faculty members participate in the review and recommendation of teaching methods (including the use of information and communication technology), the identification of

needs related to academic facilities and equipment, and other planning processes that pertain to the development of the program.

## **F. Conditions of Faculty Employment**

1. The institution publishes a faculty handbook or comparable publication that clearly sets forth policies regarding hiring and termination, faculty rank and promotion, compensation, performance evaluation, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, intellectual property, and academic freedom in teaching, scholarship and research.
2. Human resources policies and actions pertaining to faculty reflect a commitment to equal employment opportunity and non-discrimination.
3. The conditions of employment (e.g., compensation, instructional load, research opportunities) are adequate to attract and retain a stable, qualified faculty, and they are periodically reviewed for continued adequacy.

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## **■ Standard V: Student Services**

### **A. General Provisions**

1. The program shall provide student services and activities that reflect the program's mission, assist students in successfully completing the program, support positive student morale, and support students in the achievement of personal and professional growth. Student services shall include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii) advisement and academic counseling, (iv) financial aid (if offered), (v) tutorial services, and (vi) career development services.
2. The program must publish in the student handbook, or a comparable publication, a statement that clearly defines the rights, privileges and responsibilities of students, and that specifies the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities. Whenever the faculty or administration takes a formal action that adversely affects a student's status in the program, there must be a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action is based, and an opportunity for the student to respond.
3. The program shall provide a means for systematically obtaining student views and input into institutional and program planning and decision-making.
4. The program must publish in the student handbook, or a comparable publication, fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students, and must maintain a record of their disposition during the preceding three-year period—or from the date of the Council's last comprehensive on-site visit, if more than three years ago—demonstrating that these complaints and grievances were handled fairly and in accordance with the published policies and procedures.
5. The institution shall make adequate provision for the safety and security of its students and their property. Information concerning campus safety shall be distributed as may be required by federal and state/provincial laws and regulations.

## **B. Admissions**

1. The program shall have a published student admissions policy that (i) reflects the program's mission and outcomes, and (ii) clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success. The program shall endeavor to select students who possess the intellectual capacity, integrity and personal characteristics necessary to become effective naturopathic physicians/doctors. The admissions process should include an in-person interview with applicants.
2. Admissions policies and practices must comply with applicable federal and state/provincial laws and regulations, including laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.
3. Faculty must have opportunities for input into the admissions policies, and should be involved in the student selection process. The program has final responsibility for recommending student selection.
4. Specific admissions policies (e.g., policies pertaining to re-admittance into the program, non-discrimination, etc.) shall be clearly stated in institutional publications.
5. The program must adhere to its published admissions policies; any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain all required documents.
6. Recruitment and admissions activities shall be conducted with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.
7. The program may accept transfer credit toward the naturopathic medicine program that the program judges to be equivalent to its requirements for graduation, and must demonstrate an appropriate process for assuring equivalence of transfer credits.
8. In considering education and training obtained in foreign countries, the program must obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation.
9. The admissions policies must involve planning and periodic evaluation to determine whether the policy is adequately serving the needs and interests of the students, program and profession, and how it could be doing so more effectively.

## **C. Student Records**

1. The program shall have an accurate and complete record keeping system, including permanent academic records that document the completion of program requirements. Students must have reasonably convenient access to their academic, attendance, financial and other records.
2. Policies shall be in place regarding the data to be included in the permanent records of students, as well as the retention, safety, security and disposal of records. Policies on record keeping, access to records and release of information must reflect the rights of individual privacy, the confidentiality of records, and the best interests of the student and the program; they comply with state/provincial and federal laws and regulations.
3. The program must maintain data that will facilitate the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates on Parts I and II of the NPLEX examination; student loan default rates (to the extent that such data are

available); and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body.

#### **D. Tuition and Financial Aid**

1. If the institution utilizes public resources to provide financial aid to students enrolled in the program, the financial aid program must be administered in accordance with applicable state/provincial and federal requirements. Financial aid personnel must regularly participate in professional training programs in order to remain current in their knowledge of financial aid requirements and practices, and must also participate in any government-required training programs. Financial aid records must be kept in accordance with state/provincial and federal requirements.
2. The program must provide precise and complete information to students about opportunities and requirements for financial aid. The program must ensure that students receiving financial aid participate in entry and exit interviews where loan repayment responsibilities are explained. Students have the opportunity to receive staff assistance in planning for efficient use of financial aid and the student's own resources for education in order to help students keep their borrowing at a responsible level.
3. The institution closely monitors student loan default rates and compliance with its responsibilities regarding governmental and private student loan programs; the institution's default rate on loan programs is within acceptable limits under applicable state/provincial and federal law.
4. The institution/program must clearly define and consistently follow a fair and equitable refund policy for unearned tuition and fees that complies with applicable state/provincial and federal laws and regulations.

#### **E. Counseling**

1. In order to support student success in the program, students must have ready access to academic and career counseling, and should have ready access to personal counseling.
2. A program should have in place mechanisms to identify at-risk students and address their needs in a timely manner; should it become apparent that a student lacks the abilities necessary to successfully complete the program, he or she should be counseled out of the program in a timely manner.

#### **F. Use of Information and Communication Technology**

1. If some of the program's courses utilize information and communication technology (ICT) that allows for remote participation, there must be processes in place through which the institution establishes that the student who registers in such a course is the same student who participates in and completes the entire course and receives the academic credit. This requirement will be deemed to have been met if the institution:
  - a. Verifies the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as (i) a secure login and pass code, (ii) proctored examinations, and/or (iii) new or other technologies and practices that are effective in verifying student identity; and
  - b. Makes it clear in writing that the institution uses processes that protect student privacy, and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.



## **G. Official Publications and Online Resources**

1. The program shall make available to students and to the general public a catalog, calendar, student handbook or comparable official publication (or publications) that accurately sets forth its:
  - a. Current mission and program objectives
  - b. Admissions requirements and procedures
  - c. Criteria for accepting transfer credit
  - d. Tuition, fees and refund policies, including any additional costs related to courses utilizing information and communication technology
  - e. Opportunities and requirements for financial aid, if applicable
  - f. Academic performance requirements
  - g. Policies and procedures related to satisfactory academic progress
  - h. Rules for student conduct
  - i. Student disciplinary procedures
  - j. Student grievance procedures
  - k. Grading and attendance policies
  - l. Program completion requirements
  - m. Members of the administration, including their positions
  - n. Professional education and qualifications of full- and part-time faculty
  - o. Members of the governing board
  - p. Non-discrimination policy
  - q. Academic calendar
  - r. Program sequence or outline
  - s. Description of each academic program, including the curriculum and course descriptions for each course, including information on the methods of instruction and technology requirements
  - t. Description of the learning and other physical resources
  - u. Sources of information on the legal requirements for licensure and entry into the profession
2. Publications, advertising and other communications that concern the institution's programs, services, activities and personnel must provide complete, accurate and clear information regarding the naturopathic medical program. Courses and faculty not available during a given academic year must be identified clearly. Publications and advertising must accurately represent employment, career and licensure opportunities.
3. The program must publish its status and relationship with the Council and provide the Council's address and phone number in accordance with CNME Policy 5, Representation of a Program's Relationship with the Council.

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## **■ Standard VI: Program of Study**

### **A. Program Development, Delivery and Integration**

1. The program of study, including the academic and clinical components, is competency based. A naturopathic medicine program clearly articulates the required competencies/learning outcomes of individual courses, consistent with its program mission and program outcomes, which it considers necessary for a student to graduate as a competent doctor of naturopathic medicine. The program also incorporates any competencies formally adopted by CNME.
2. A naturopathic medicine program is typically presented in a quarter, trimester or semester format

over a minimum time period of four calendar years. While a diversity of instructional methods may be used in the delivery of the program, the majority of the program is residential and the clinical internship portion of the program is entirely residential. Including clinical education, a naturopathic medicine program requires a minimum of 4,100 clock hours. Assignment of credits is consistent with accepted practices in higher education.

3. The program supports students in establishing a community of learning, and there is frequent and meaningful interaction between faculty and students, and among students, including in the context of courses that utilize information and communication technology.
4. Should the institution enter into an articulation agreement with another institution for the delivery of a portion of the program, the content, delivery mechanisms, and evaluation of student learning for that portion of the program must comply with the CNME standards.
5. A syllabus must be prepared for each course or major unit of instruction, distributed to each student in the course, and maintained in the program's records. The syllabus must contain the following information:
  - a. The purpose of the course
  - b. The learning outcomes of the course in specific terms, and the educational competencies to be attained
  - c. An outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope
  - d. The method(s) of instruction and student evaluation
  - e. The requirements of the course with important dates (e.g., papers, projects, examinations)
  - f. The type of grading system used
  - g. The required and recommended reading
6. The instructional methods and policies reflect the program's mission and outcomes, as well as the specific learning outcomes/competencies of individual courses. The program utilizes diverse instructional methods, such as in-person lecture, practical lab, web-enhanced activity, blended/hybrid courses, etc.
7. Academic and clinical education components are carefully coordinated and integrated, and are mutually reinforcing. The program allows for a graduated progression in the student's development of knowledge, skills, attitudes and behaviors, and fosters the student's consequent ability to manage increasingly complex clinical knowledge and patient cases.
8. Naturopathic principles, philosophy, and clinical theory and practice are integrated throughout the entire program, including the following Principles of Naturopathic Medicine, as adopted by the American Association of Naturopathic Physicians (AANP) and the Canadian Association of Naturopathic Doctors (CAND):
  - The healing power of nature
  - First do no harm
  - Identify and treat the cause
  - Doctor as teacher
  - Treat the whole person
  - Disease prevention and health promotion
9. The program must establish and publish course prerequisites, and ensure that prerequisites are followed.

10. A curriculum review committee regularly reviews, evaluates and revises, as needed, the content and instructional methodology of the program to ensure that required competencies and expected learning outcomes are achieved; the review process takes into account findings identified by the program's and institution's assessment processes and the ongoing development of the naturopathic medical field.

## **B. Academic Component**

1. The academic component of the program of study is competency based, and fosters the development of required knowledge, skills, attitudes and behaviors in naturopathic medicine, including biomedical sciences and clinical sciences. Courses that prepare students to assess and diagnose the causes of disease incorporate an awareness and understanding of naturopathic principles, philosophy, clinical theory and clinical practice.
2. Students learn how to advise patients on prevention and wellness, how to effectively treat patients who have identified health concerns, diseases or conditions using naturopathic therapeutics and principles, how to make a diagnosis and prognosis, and how to evaluate and manage patient outcomes.
3. Laboratory instruction and clinical demonstrations are utilized in the learning process in order to assist in the development of clinical acumen. Students learn the skills necessary to access and evaluate medical information from diverse media. Practical or applied skills are acquired through practical coursework and the clinical education experience (see Section C, Clinical Education Component, below).
4. The program's academic component:
  - a. Includes courses that comprehensively cover the subject areas of naturopathic medical history, principles, philosophy and clinical theory, and that integrate these subject areas throughout the program beginning with coursework early in the program that lays a strong foundation through to the completion of the clinical training component of the program.
  - b. Supports development of the student's skills in patient lifestyle counseling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine.
  - c. Supports development of the student's ability to competently take and record a patient's health history, effectively evaluate the causes and evolution of the chief complaints and present health status, appropriately utilize naturopathic assessments (including physical examination and laboratory findings), develop a differential diagnosis, create a treatment plan consistent with naturopathic principles, philosophy, clinical theory and clinical practice, make a prognosis, and evaluate clinical outcomes.
  - d. Supports students in becoming clinically competent, caring and ethical primary care/general practice physicians/doctors, with a well-developed sense of personal wellness, knowledge of their unique skills as healers, and full understanding of their scope of practice and its strengths and limitations.
  - e. Provides students with a solid understanding of research methodology, including the applicability and use of evidence-based and evidence-informed research approaches in the context of naturopathic medicine, and supports development of the student's ability to: (i) evaluate and apply knowledge and information obtained from a variety of sources, including scientific and professional literature, clinical experience, and traditional naturopathic practices; (ii) participate effectively in research and scholarly activity; and (iii) document and evaluate the outcomes of naturopathic medicine.
  - f. Provides students with a solid understanding of practice management, professional ethics and jurisprudence, and supports development of the range of business skills necessary to build and sustain a successful naturopathic medical practice, including an understanding of the principles

- of financial recordkeeping and effective marketing and communication.
- g. Supports students in developing the verbal and written communication skills necessary to work effectively with patients, the general public and other healthcare practitioners, and the ability to make appropriate referrals.
  - h. Emphasizes the importance of lifelong learning.
5. The academic component provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:
- a. Biomedical sciences, including: anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program
  - b. Environmental and public health, including epidemiology, immunology and infectious diseases
  - c. Pharmacology and pharmacognosy
  - d. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
  - e. Therapeutic subject matter/courses, including botanical medicine, homeopathy, emergency and legend drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery
  - f. Clinical subject matter/courses, including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology and hematology

### **C. Clinical Education Component**

1. The clinical education component of the program is competency based and integrated with the academic component of the program of study. It provides an opportunity for students to develop competence in applying naturopathic principles, philosophy and clinical theory to clinical practice, as well as for further development and application of the knowledge, skills, attitudes, behaviors and values introduced in the academic component.
2. The clinical educational component enables students to develop the clinical competence, skills, professionalism and confidence necessary for successful clinical practice. The clinical component also enables students to become integral members of the health care profession and active participants in the community, to collaborate effectively with providers in other health care fields, and to work in integrative/multidisciplinary health care settings.
3. Student achievement standards, competencies, policies, and evaluation procedures in the clinical education component are consistent with the principle of gradually ascending student responsibility: the level of clinical responsibility accorded student clinicians is gradually increased in accordance with their level of competence.
4. The following are among the elements that characterize the clinical education component:
  - a. A clinical experience that integrates naturopathic principles, philosophy, clinical theory and clinical practice into every clinical interaction;
  - b. A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as a primary care/general practice naturopathic physician/doctor, including patient counseling on health

- promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;
- c. Opportunities to demonstrate competence in the full range of naturopathic therapies as set forth in Standard VI;
  - d. Opportunities to develop the knowledge, skills, attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other health care practitioners and the public;
  - e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and diseases, and to develop case management skills;
  - f. Opportunities to develop cultural competence in such areas as human sexuality and gender sensitivity, as well as in cross-cultural situations;
  - g. Opportunities to develop an understanding of medical ethics and the medical consequences of common societal and environmental problems;
  - h. Group forums for discussion among clinical faculty and students on a variety of clinical subjects and case analyses, with the inclusion of naturopathic principles, philosophy and clinical theory as relevant to the discussion topic;
  - i. Opportunities to develop a thorough knowledge and the necessary skills of charting and coding practices and patient record maintenance, including applicable jurisdictional legal requirements (e.g., electronic communications and telemedicine); and
  - j. Opportunities in naturopathic practice management (e.g., attracting and retaining patients, time management, charging and collecting fees, etc.).
5. The program's clinical education component provides at least 1,200 clock hours of clinical training involving patient contact in residential clinical settings. The following requirements pertain to the clinical education component:
    - a. Of the 1,200 hours, student clinicians must spend a minimum of 850 hours involved in patient care, in either a primary or secondary capacity, under direct supervision of clinical faculty members, in a naturopathic clinic where clinical competencies are evaluated by the program.
    - b. The 1,200 hours of clinical experience may include the time students spend in preceptorship and field observation experiences in practicing naturopathic physicians' offices or in other clinical settings; however, time spent in preceptorship and field observation may not count towards the fulfillment of the 850 hours requirement stated in the previous section.
    - c. The program must have a written policy covering preceptorships that ensures a consistent and worthwhile educational experience, and must have a formal relationship with each preceptor based on its written policy.
    - d. The program establishes and maintains specific minimum numbers of separately scheduled patient interactions as follows: (i) a total number of patient interactions that each student clinician—practicing in either a primary, secondary or preceptorship capacity—must attain by graduation (this number must be at least 450), and (ii) the number of patient interactions that each student clinician—working in a primary capacity involving assessment and/or treatment of patients under clinical faculty supervision—must attain by graduation (this number must be at least 225). The minimum numbers established by the program must be demonstrably sufficient to ensure student acquisition of required competencies.
    - e. Of the required 1,200 hours of clinical education, at least 900 clock hours are supervised by licensed/registered naturopathic physicians/doctors. The type of supervision provided and the faculty-to-student clinician ratio are appropriate for achieving both high-quality clinical training and high-quality patient care. For most clinical education settings, the faculty clinician to student ratio should be 1 to 6 or better.

- f. Students may participate in grand rounds, community service, and skills classes, as well as in clinical posts such as the dispensary/medicinary, laboratory, reception, diagnostic imaging, etc. These activities may not, however, count towards the fulfillment of the 1,200 hour clinical requirement.

#### **D. Clinic Administration, Resources, and Facilities**

1. Clinical education is overseen by an appropriately qualified senior academic administrator, typically an experienced naturopathic physician/doctor qualified to provide clinical instruction. There is sufficient administrative staffing in the clinic(s) to meet the needs of the clinical training component and effectively operate the clinic.
2. Clinical education takes place in healthcare clinics and/or hospitals that provide patient care in accordance with applicable local, state/provincial and federal requirements governing health and safety. Quality assurance standards and practices are in place, including evaluation of clinical outcomes.
3. Clinical education is conducted in accordance with published policies on ethical behavior for students, clinical faculty, administrators and staff, and in accordance with policies and procedures on quality assurance and conflict-of-interest.
4. There is sufficient patient volume for the number of student clinicians. Students are counted as patients for the purpose of student clinicians fulfilling patient interaction requirements only when a student seeks treatment as a regular patient for a genuine medical need.
5. Sufficient resources are allocated to the clinical education component of the program to achieve its educational mission and outcomes. Patient-care rooms, clinical laboratories and other clinical facilities are appropriately equipped to enable students to practice the full range of naturopathic modalities, and there is access to a dispensary that supports the needs of the program.
6. There are record-keeping procedures in place that fully document completion of clinical education requirements.
7. The program must maintain clinical records (including, where appropriate, electronic records) of patients that are accurate, secured, backed up, complete, and kept confidential in accordance with applicable legal requirements. Clinical record keeping practices must conform to generally accepted standards of healthcare practice; clinical charts must be signed by the student and the supervising clinician.
8. The following requirements pertain to affiliated clinical training sites at which students may fulfill a portion of the 850 hours clinical education requirement stated above:
  - a. A written affiliation agreement must be in place whenever an affiliated clinical training site is not under the direct administration of the program. The agreement must clearly state the educational goals for the training site and the role of the student clinicians.
  - b. The program's standards, policies and procedures must be consistently applied to student clinicians regardless of the training site, and student clinicians must receive comparable educational opportunities and experiences at all sites;
  - c. The program must employ student evaluation procedures at affiliated training sites comparable to those used at the main teaching clinic, including procedures for evaluation of clinical competencies and student achievement;
  - d. Instructors at affiliated sites must have a formal written arrangement with the program, and must have qualifications comparable to the program's clinical faculty and perform the same functions.

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## ■ Standard VII: Assessment of Student Learning and Program Evaluation

The program demonstrates a commitment to optimal student achievement/learning and academic and professional success through a focus on student learning outcomes and continuous program improvement based on outcomes data.

### A. Assessment of Student Learning

1. The program must maintain an assessment plan for student learning. This plan must (i) provide a method for evaluating each student's academic and clinical performance and achievement in relation to the program's educational requirements and outcomes, including student competencies/learning outcomes in individual courses, and (ii) incorporate this data into the program level assessment and evaluation.
2. The program utilizes both formative and summative processes to evaluate student learning. The evaluation processes are fair, emphasize objective techniques and approaches, and are applied consistently. Evaluation processes enable faculty to support and assist student learning and to verify each student's achievement of required academic and clinical learning outcomes/competencies. Students who do not perform at the required level receive timely notification of the remedial options available to them.
3. Evaluation of student clinical performance is (i) referenced to specific criteria, (ii) performed regularly, and (iii) incorporates a variety of measures of knowledge and competence. Clinical faculty members have completed an orientation session that includes information on the program's evaluation processes pertaining to clinical performance, receive periodic in-service training to ensure consistency in evaluation, and have their individual performance as evaluators reviewed periodically.
4. The following are examples of direct and indirect assessment measures that may be used to assess student learning:
  - a. Systematic approaches to the evaluation of student competence in physical and clinical diagnosis (e.g. objective structured clinical evaluation, milestone exams, criterion referenced evaluation, evaluation with standardized patients, etc.) at various stages in the training, such as pre-clinic, midway through the clinical component, and post-clinic
  - b. Descriptive/narrative reports related to the student clinical experience (e.g., the variety of patient conditions typically seen, the depth of the clinical exposure, etc.)
  - c. Structured observation and evaluation of student clinical performance and ability to make independent clinical decisions by clinical supervisors
  - d. Review of patient charts to assess student clinicians' knowledge and skills
  - e. Structured observation and evaluation of student clinician performance in case presentations and grand rounds
  - f. Student self-evaluation and self-reflection
  - g. Surveys of standardized patients in regards to student learning.

### B. Program Level Assessment and Evaluation

1. The program must maintain a program level assessment plan that provides for a periodic assessment and evaluation of overall program effectiveness in relation to the program mission and outcomes. The program must regularly use the information generated through its assessment and evaluation processes to make related changes and improvements in its program of study, allocation of resources, and academic and institutional policies and procedures.

2. The program assessment plan should address the following (i) what data will be collected, and by whom, in relation to each of the program-level student learning outcomes (ii) the process and responsible parties for reviewing the data, policies and procedures to guide discussion and feedback of the results, (iii) the process and responsible parties for modifying the course, program or curriculum to improve student learning, and (iv) the timelines for carrying out the various components of the assessment plan.
3. As part of its evaluation and assessment processes, the program gathers and maintains a sufficient variety and amount of data, including various outcomes measures, on students and graduates to enable the program to document and assess the overall effectiveness of its training and the accomplishment of the program mission and outcomes. Findings from evaluation and assessment processes are integrated into the institutional/program planning process, including planning related to course delivery methods.
4. The program maintains data for the latest five-year period on the program's completion rates. If data indicate that the program fails to consistently graduate at least 75% of entering students within the timeframe set by the program, a formal analysis is conducted, and a report containing information on measures being taken to improve completion rates is compiled and placed on file.
5. The program maintains data for the latest five-year period on the overall pass rate of its students and graduates on NPLEX examinations. If the data indicate that fewer than 70 percent of first-time test-takers consistently pass NPLEX Part I (biomedical sciences) and/or NPLEX Part II (clinical sciences), the program conducts a formal analysis, compiles a report containing information on measures being taken to improve the program's overall pass rate, and places the report on file
6. The following are examples of direct and indirect assessment measures that may be used as elements of a program's assessment plan:
  - a. Analysis of NPLEX scores and pass rates
  - b. Analysis of the percentage of graduates who gain state/provincial licensure
  - c. Analysis of attrition rates for students
  - d. Survey data on patient satisfaction and quality of patient care
  - e. Noel-Levitz surveys on student satisfaction
  - f. Periodic alumni surveys on matters related to the quality and appropriateness of the training, and graduates' success in finding satisfactory employment
  - g. Student exit surveys on various matters such as satisfaction with the program and instruction
  - h. Student evaluation of courses and instruction
  - i. Analysis of the relationship between entrance requirements and success in the program
  - j. Graduate participation in residency programs
  - k. Documentation and assessments of program research/scholarship and service activities
  - l. Documentation of professional development activities of faculty and staff.
  - m. Documentation of clinical outcomes in program teaching clinics.

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## ■ Standard VIII: Research and Scholarship

Research and scholarship can be broadly conceived as falling into four domains: discovery, integration, application, and teaching and learning. Research and scholarship are integral to the educational environment of the program and contribute to the advancement of knowledge and the quality of healthcare in the field of naturopathic medicine. The program encourages, through diverse means, faculty and student involvement in research and scholarly activities.



## **A. Research Policies and Practices**

1. The program actively engages in research and scholarship related to naturopathic medicine consistent with the program's mission, and demonstrates ongoing support and development of faculty and student research and scholarship.
2. A program must have a mechanism/structure, such as a research committee of administrators and faculty members that includes individuals who represent the ND program, to:
  - a. Approve and oversee research activities associated with the program;
  - b. Develop appropriate research plans and policies, including policies that set forth the intellectual property rights that derive from research and scholarship;
  - c. Ensure that research activities conducted under the program's auspices are in accordance with the program's and institution's policies, external legal requirements, and accepted research practices;
  - d. Ensure that funds for research derived from external grants, contracts or other sources are expended in accordance with the funding source's requirements; and
  - e. Develop data and safety monitoring plans, as may be required.
3. The institution has an Institutional Review Board that ensures adequate protection of subjects and addresses issues of medical ethics.
4. Research investigators are assured academic freedom in conducting their research and retain the right to publish and report the results of their research.

## **B. Support for Research and Scholarship**

1. The institution provides, secures and/or arranges adequate funding, facilities, equipment, staff, library resources, information technology and other resources to accommodate the research and scholarship activities of the program.
2. The program's commitment to research and scholarship is reflected in such areas as: (i) the teaching load and assignment of faculty responsibilities, (ii) the provision of stipends and other remuneration for research and scholarship activities, (iii) support for seeking external funding, (iv) opportunities for faculty leave to conduct and participate in appropriate research programs, and (v) professional development opportunities to increase research capabilities.
3. The program provides opportunities for interested faculty and students to be mentored and to participate in research and scholarship activities.

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## **■ Standard IX: Library and Learning Resources**

- A. The institution provides ready and convenient access for students, faculty and other patrons to well-maintained, current, and authoritative learning resources that are sufficient in breadth and depth of holdings and technology to meet the mission, goals, and objectives of the institution/program and contribute to programmatic improvement.
- B. The library and learning resources support contemporary instructional methods and technology, including those related to e-learning. Orientations and other programs are offered that inform students and faculty about available resources and services and that promote information literacy.
- C. The library and learning resources are supervised and run by a sufficient number of appropriately credentialed professional staff who are familiar with regional, national, and international information

resources and data systems and responsive to the needs of students, faculty and others patrons. Professional staff are engaged in continuing professional development.

- D. The library and learning resources facilities are sufficient to meet the institution's/program's needs; professional staff and faculty have sufficient workspace, and students have sufficient study space.
- E. The needs of the library and learning resources and the professional staff are essential elements of the institution's/program's assessment and strategic planning activities. Program faculty, administrators and students have opportunities for input into strategic planning regarding library and learning resources.

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■ **Standard X: Physical Resources**

- A. There are sufficient physical resources available to the program—including computer/IT and other systems, and equipment and supplies—to (i) enable the program to achieve its mission, (ii) provide for the effective functioning of the program, and (iii) meet the needs of the faculty, staff and student body, including any needs associated with e-learning. A schedule for maintenance and replacement of equipment is developed and implemented.
- B. Faculty and staff offices, conference areas, study space and other facilities are sufficient for carrying out teaching and learning, research, administrative and other assigned responsibilities.
- C. The program's physical facilities must either be owned by the program, leased or otherwise contractually secured to guarantee their availability; any facility lease or contract must include an adequate notice period (in general, at least one full calendar year) should the owner wish to terminate the lease or contract.
- D. Physical resources for the program are allocated in accordance with a comprehensive plan that is consistent with the program's mission. Appropriate program faculty and staff are involved in the planning process to ensure that the program's needs are addressed.
- E. The facilities and grounds must be safe, accessible and appropriately maintained. A schedule for maintenance and improvements of the facilities and grounds is developed and implemented.
- F. Facilities and records must comply with federal, state/provincial and local fire, safety, health and accessibility laws and regulations. The institution should have a comprehensive emergency preparedness plan in place that includes appropriate training of students, faculty and staff.
- G. Adequate record storage, back-up and recovery procedures must exist for all essential records, including student and patient records. Contingency strategies should be developed to address interruptions in technology services.

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■ **Standard XI: Continuing Medical Education**

- A. An institution or a naturopathic medical program that offers or sponsors continuing education courses or programs related to naturopathic medicine must have in place an administrative structure that maintains academic control over the courses or programs in order to ensure appropriateness, quality and consistency. For all continuing education courses and programs, the institution shall ensure that:
  - 1. Courses and programs are well-designed and of good quality.
  - 2. Instructors have appropriate qualifications to teach the course or program;
  - 3. Any conflict of interest on the part of the instructor or course sponsor is publicized;
  - 4. Accurate records of attendance, grades and other relevant information are maintained;
  - 5. Programs are evaluated by attendees and program administrators;

6. The naturopathic medicine program does not allow students to take continuing education courses or programs as part of the core curriculum; however, programs may allow students to take continuing education courses or programs for elective credit within the naturopathic medicine program provided that the academic requirements and rigor are consistent with courses offered as part of the core curriculum; and
7. No certificate or other credential signifying completion of a continuing education course or program is issued prior to actual completion of all requirements.

## ■ Guidelines on the Use of Information and Communication Technology in Naturopathic Medical Education

*Adopted: December 2015*

### Introduction

In 2011, the Council established a Taskforce on Distance Education to examine the use of distance learning in naturopathic medical education and its implications for CNME accreditation standards. CNME-accredited doctoral programs in naturopathic medicine (ND programs) were consulted regarding the anticipated use of distance learning in the context of naturopathic education, and extensive discussions took place at several Council meetings on whether and to what extent distance learning should be allowed under CNME's standards and policies.

After reviewing U.S. Department of Education requirements, the practices of regional accrediting bodies<sup>1</sup>, trends in medical education, the position statement published by the Liaison Council on Medical Education<sup>2</sup> (LCME), and innovations in higher education institutions, the taskforce developed the this document—formally adopted by the Council—that sets forth guidelines for CNME-accredited ND programs in their use of distance learning and in their interpretation of the CNME accreditation standards, which also reflect the core principles outlined below.

The following terms are used in these guidelines:

**Distance learning:** A mode of education where the learner and learning resources are separated by time and/or space. Distance learning encompasses all technologies and other forms of learning (e.g., print, web-mediated, teleconferencing) in the acquisition of knowledge and skills. The scope of distance learning can include: the use of on-line instruction that replaces face-to-face classroom instruction; synchronous and asynchronous lecture delivery to students that are distributed in different sites; telemedicine technology; and using e-learning activities to supplement classroom-based activities (often referred to as hybrid, flipped classrooms, or blended learning).

**Flipped Classroom:** This term refers to a delivery mode where new course material is assigned as pre-learning by students prior to class sessions, instead of by lecture in class, through such means as recorded lectures, annotated PowerPoint presentations, reading assignments, links to other media, etc. The time spent in class is focused on deepening understanding of key concepts through their application—e.g., utilizing problem-solving, case studies, etc.—with immediate and formative feedback from faculty and peers playing a crucial role.

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<sup>1</sup> Council of Regional Accrediting Commissions (C-RAC). (2011). Interregional Guidelines for the Evaluation of Distance Education (On-Line Learning). Philadelphia, PA: Middle States Commission on Higher Education.

<sup>2</sup> Liaison Committee on Medical Education (LCME). 20015, Accreditation issues related to spatial and temporal distance learning, accessed 17 October 2015, <<http://www.lcme.org/publications/accred-issues-spatial-temporal-distance-learning.doc>>.

**Hybrid learning/blended learning:** This refers to courses that blend traditional in-class face-to-face instruction with e-learning (web-based) activities.

**Information and Communication Technology (ICT):** A comprehensive term describing the use of e-learning and other technologies in the delivery of education.

**Telemedicine:** Involves the use of telecommunication and information technology in the care of patients at a distance.

## Core Principles Guiding Naturopathic Medical Education

Modelled after the LCME's guidelines on distance education articulated in its document "Accreditation Issues related to Distance Learning: The Perspective of the Liaison Committee on Medical Education," this document outlines the core principles that guide the delivery of naturopathic medical education, and discusses how the use of distance learning may be interpreted according to CNME Standards of Accreditation for Naturopathic Medical Education.

1. **Naturopathic medical education occurs within a community of learning.** A community of learning has many facets. It can refer to the day-to-day synchronous and asynchronous interactions between and among students, faculty and staff of the educational institution (e.g., face-to-face, small group, peer-to-peer, faculty-to-student, faculty-to-faculty, class cohort, ICT platforms). These individual, small group and cohort-derived communities are important in promoting a sense of collegiality and identity within the naturopathic profession, reinforce principles of life-long learning, and enhance the likelihood of collaboration in professional health care by graduates. A community of learning also reflects the naturopathic principle of *Docere* (Doctor as Teacher), where the educational institution engenders a culture of mentorship, preceptorship and peer-to-peer learning, and where a cohort of students learns together spatially and temporally. It also refers to faculty working in collaboration with each other and with administrators in the development and evaluation of the naturopathic curriculum.

A community of learning should pervade all aspects of the educational delivery of the naturopathic program, and should provide for frequent and meaningful interaction between faculty and students, faculty among faculty, and students among students. While distance learning may play a role in naturopathic medical education, the CNME task force maintains that the majority of the academic component should occur face-to-face, and that any on-line activity should include the provision for peers and instructors to interact with one another in meeting course objectives.

Implications for Accreditation: If a substantial portion of the ND curriculum is delivered through distance learning with little to no interaction with peers, faculty and the school, then the school is not in compliance with accreditation standards.

2. **The curriculum must be organized and coherent, with defined program and course learning outcomes.** Competencies for courses and the overall program should be well-defined, and the instructional design and delivery of the curriculum should flow from and reflect the competencies that are to be attained.

Implications for Accreditation: If the curriculum is not organized and well defined, and the instructional delivery model does not match the intended learning outcomes, then the program is not in compliance with accreditation standards.

3. **Mentored experiential learning and face-to-face interactions amongst students and faculty are highly valued, and necessary in the formation and development of the competent naturopathic medical graduate.** It is the position of the CNME that while several instructional methods can be used

in the delivery of the program, the curriculum offered must be primarily residential in nature with the majority of the academic program delivered on campus. In addition, while naturopathic students may participate in aspects of telemedicine as part of an evolving competency framework for the delivery of care to patients, clinical training should be conducted in-person in a clinic.

Implications for Accreditation: If the majority of the naturopathic program is non-residential and delivered through distance learning, then the program is not in compliance with accreditation standards. Also, if the clinical requirements are attained through telemedicine, then the program is not in compliance with accreditation standards.

- 4. Faculty and administrators are responsible for the development and attainment of educational outcomes.** In a distance learning context, all appropriate parties including faculty need to participate in the creation, implementation, and well-executed delivery of the naturopathic curriculum.

Implications for Accreditation: If there is little evidence of faculty collaboration in the creation, development and implementation of curricula delivered through distance-learning, then the program is not in compliance with accreditation standards.

- 5. The institution engenders a culture of continuous quality assurance and improvement, which includes evaluating the effectiveness of students' attainment of educational objectives using different delivery methods.** The effectiveness of courses delivered through any means, including distance education, is regularly assessed.

Implications for Accreditation: If in-class courses, hybrid courses, and distance learning courses are not subject to regular assessment processes in ensuring the learning outcomes are attained, then the program is not in compliance with accreditation standards.

- 6. It is the responsibility of the educational institution to ensure resources and services are available to students to support their academic success.** This includes the physical technological infrastructure to support effective distance learning such as access to computers, internet, electronic resources, a learning management system and adequate electronic security measures. Additionally, there needs to be sufficient staffing in place to support required e-learning activities.

Implications for Accreditation: If technological resources and staffing are insufficient to adequately deliver required on-line components of courses efficiently to students, then the program is not in compliance with accreditation standards.

- 7. Throughout the entire program, naturopathic principles, philosophy, and clinical theory and practice are integrated into the academic and clinical education components of the program. (Standard VI.A.6).**

Implications for Accreditation: If there is no overall integration of naturopathic principles, philosophy, clinical theory and practice in all courses, including those that are offered through distance learning, then the program is not in compliance with accreditation standards.

Research in cognitive science and educational methodologies clearly support a broad and varied approach to instructional design and delivery. The choice of delivery method should be justified by evidence of facilitated student learning independent of the medium. ICT based methods can fulfill accreditation requirements while providing innovative and fresh experiences for students, using instruments and environments increasingly reflective of their lives and the future of medical practice.

## PART FIVE: Self-Study Guide for Candidacy and Accreditation

### ■ Overview

The *Self-Study Guide* is designed: (i) to assist programs seeking candidacy status, initial accreditation and reaffirmation of accreditation in the self-study process, and (ii) to provide guidelines for the content and format of the self-study report. The guide is intended to help focus a program's self-study process upon the Council's 11 accreditation standards and applicable policies, as presented in this *Handbook of Accreditation* (the self-study reports of programs that are recognized sponsors of residency programs or that have a branch campus must also include additional sections and materials related to these components of the institution). The Council encourages each program to develop a self-study process that best fits the needs and circumstances of the program within the parameters set forth in the guide.

Self-study reports must demonstrate that the program seeking candidacy, initial accreditation or reaccreditation has engaged in a thorough self-evaluation process, has sought the active participation of all relevant program constituencies (e.g., staff, faculty, students, alumni, the governing and advisory boards, etc.), and has provided a thorough and honest assessment of the program's strengths and weaknesses relative to the program's mission and the Council's accreditation standards. As explained below, if a program submits a self-study report that does not meet the Council's requirements, it will be required to revise and resubmit the report; additionally, submission of an unacceptable report may result in adverse action by the Council.

Although the self-study process is unique to each program, the resultant self-study report must at a minimum address each of the Council's accreditation standards and applicable policies, and must be organized into sections or chapters as follows (described in greater detail below):

### ■ Organization of the Self-Study Report

Table of Contents

Introduction: Background and History

1. Accreditation Standard I: Mission and Program Outcomes
2. Accreditation Standard II: Organization, Governance and Administration
3. Accreditation Standard III: Planning and Financial Resources
4. Accreditation Standard IV: Program Faculty
5. Accreditation Standard V: Student Services
6. Accreditation Standard VI: Program of Study
7. Accreditation Standard VII: Assessment of Student Learning and Program Evaluation
8. Accreditation Standard VIII: Research and Scholarship
9. Accreditation Standard IX: Library and Learning Resources
10. Accreditation Standard X: Physical Resources
11. Accreditation Standard XI: Continuing Medical Education
12. Compliance with Policy 5 (Representation of Relationship with Council) and Policy 6 (Student Complaints)
13. Compliance with Residency Program Standards (this chapter is required only for CNME-recognized sponsors of residency programs)
14. Summary of Plans and Recommendations for Future Development

## ■ The Self-Study Process

The self-study is at the center of the accreditation process. It is a deep, comprehensive and institution-wide self-analysis of the educational resources and effectiveness of the institution and program in relation to the program's mission and educational objectives, carried out in the context of the Council's accreditation standards. This self-examination involves all key constituency/stakeholder groups of the institution and every aspect of the institution's operation that affects the program.

The self-study process consists of three components: (1) systematic efforts/research (e.g., through surveys, focus groups, review of documents, etc.) to gather comprehensive information from program constituencies and other sources about the program's operations, resources, faculty, students, educational offerings, services, and activities as they relate to the program's performance with respect to its mission and objectives and to the Council's accreditation standards; (2) an in-depth self-assessment/evaluation—based on the information gathered—of the program's past, present and anticipated future outcomes in terms of short- and long-range achievement of its mission and objectives, as well as the degree to which it meets the Council's accreditation standards, and (3) formulation of plans and recommendations for changes to the program in order to more effectively realize the mission, ensure compliance with CNME standards, and improve the educational experience and success of students. The product of the self-study process, the *self-study report*, is the central document in the accreditation process.

## ■ Structure of the Self-Study Process and the Self-Study Report

### Organizing for the Self-Study Process

Early in the self-study process—ideally at least a year before the Council's deadline for submission of the self-study report—the program's leadership should develop a plan for carrying out the self-study. This plan should, at a minimum:

1. Inform all relevant constituencies about the purpose of the self-study process and their involvement with the process.
2. Provide a realistic calendar or timeline for carrying out the self-study.
3. Identify the composition of the steering committee and other self-study committees/taskforces, as well as their role with respect to conducting the self-study process and drafting report sections.
4. Specify the individual(s) who are responsible for coordinating the overall self-study process and for handling discrete aspects of the process, including: (i) coordinating the activities of the various self-study committees, (ii) providing assistance and resources for the self-study process, (iii) ensuring adherence to the self-study timeline, (iv) communicating within the institution on the progress of the self-study, (v) compiling the self-study narratives, findings and recommendations into a comprehensive self-study report, (vi) revising the report to ensure a consistent unified style, and (vii) assisting with preparation for an onsite visit by a CNME evaluation team.

### Self-Study Orientation with CNME Executive Director

Once the self-study steering committee is appointed, the self-study coordinator arranges a conference call with the committee members and Council's executive director. During this meeting, the Council's executive director provides an orientation to the self-study process and steering committee members have an opportunity to ask questions. The primary purpose of the orientation is to ensure that the program has the background information it needs to engage in an effective self-study process and to produce a self-study report that meets the Council's requirements. This orientation normally takes place about one year prior to the submission deadline for the self-study report, and must take place at least nine months before the submission deadline.

## ■ Outline of a Self-Study Report

As noted above, the self-study report should be organized into the following sections or chapters: Table of Contents, Introduction, 11 chapters that address the 11 CNME Accreditation Standards, a chapter that addresses compliance with applicable CNME policies, a chapter on compliance with residency program standards (required of recognized residency sponsors), and a summary chapter.

### Table of Contents

The Table of Contents must clearly set forth the organization of the self-study report, including the individual chapters and sections in the main body of the report and sections containing appendices and supporting documents. The report editor should make sure that page numbers are accurate.

### Introduction

The Introduction of the Self-Study Report provides a brief background and history of the institution and the program that includes information on the institution's/program's authorization to operate and applicable accreditation(s). This chapter must incorporate a description of the process the program used for self-study, including the names and affiliations of each person who served on each self-study committee and any other pertinent information on the self-study process that would be helpful to the reader.

### Eleven Chapters on the 11 Accreditation Standards

The self-study report must include a chapter or section on each of the 11 accreditation standards. Each of these chapters must be presented from four perspectives: (1) a description of the program's current operation, structure, process or activity in relation to the requirements contained in the accreditation standard, (2) the self-appraisal of that area of the institution/program in relation to the program's mission and educational objectives and the accreditation standard, (3) the plans and recommendations for future development and improvement of that area of the institution/program, and (4) a list of material appended to the report providing evidence of compliance with the accreditation standard.

While for the sake of clarity we have separated out the description and appraisal components of the report in this guide, the Council encourages programs to combine the description and appraisal into a unified analytical-narrative that integrates the description with the appraisal. This approach allows for a more natural flow in the presentation of content. Similarly, while the self-study report must address every section/element within each accreditation standard, the report can combine discussion on related sections/elements. However organized, the completed report must address every section/element within each of the accreditation standards.

### Description of Current Status

The description must accurately, succinctly and thoroughly address the current operations, structures, processes, resources and/or activities of the institution/program in relation to each accreditation standard, the programmatic mission and, where applicable, student outcomes. Generally, the description references appended documents to substantiate the content and maintain brevity; however, where useful, the description should provide excerpts from institutional and programmatic documents to orient the reader to defining aspects of the program (for example, it is usually helpful to state the program's mission and educational objectives even though they also appear in appended documents). The Self-Study Guide in Part Five of the *Handbook* provides a set of questions to assist programs in writing the descriptive sections.

### Appraisal of Current Status

In the appraisal, the institution presents the results of the careful analysis and evaluation of the effectiveness of the program, operations, activities and institutional structures and processes in regard to specific areas—



with attention to both achievements and weaknesses/problems. This critical self-assessment is a primary internal activity of the self-study process to which the evaluation team and the Council will pay particular attention, as these judgments provide significant insight into the internal planning and management of the institution's resources to achieve the program's mission and educational objectives, meet the accreditation standards, and achieve required student outcomes.

Appraisal questions are presented below to assist the institution/program with analyzing and assessing its processes, structures and activities in relation to its mission and educational objectives. Many of the questions are designed to determine the program's degree of compliance with CNME's accreditation standards; they are also intended to stimulate internal self-evaluation and to suggest areas of further study and evaluation. The institution/program may also wish to consider other questions that it believes are pertinent to its particular circumstances, and is encouraged to appraise, in its own fashion, significant aspects of its program about which no questions are specifically asked. Once these questions have served the purpose of eliciting essential information, the material must be organized into a coherent narrative presentation.

### **Plans and Recommendations for Future Development**

Having described and appraised its practices in a given area in the context of a specific accreditation standard, the program is asked to state its plans/recommendations for future development—indicating recommendations or plans to build upon the program's strengths in this area and plans to correct any identified weaknesses/problems. Plans/recommendations should be: succinct, realistic, and specific; tied to the specific findings identified in the description and appraisal sections of the report; and referenced to a realistic timeline for accomplishment. To be meaningful, these plans/recommendations must be part of the program's overall planning process, representing a definite commitment by the board, administration and faculty to improve the quality of its educational programs and services over time. Developing a set of plans/recommendations is the first step in translating the results of self-study into practice.

### **Materials to Be Appended to the Report**

Specific documents/materials are required to support the content of each chapter (see below). Additionally, the program may include other materials it considers relevant to the narrative. Care should be taken to judiciously select supporting materials so as to keep the overall report length reasonable and manageable—both for sake of the institution and the individuals responsible for reviewing the report.

As noted above, institutions that offer an ND program at a branch campus in addition to the main campus must include additional content and materials in the self-study report that address specific aspects of the program at the branch campus. Further information on this requirement is contained in the Council's Branch Campus Policy.

### **Compliance with CNME Policies**

In addition to the accreditation standards, the CNME *Handbook of Accreditation* publishes two policies that a program must observe: Policy 5 (Representation of a Program's Relationship with the Council) and Policy 6 (Student Complaints). In this chapter of the Self-Study Report, the program must describe and document how it complies with these policies.

### **Compliance with Residency Program Standards**

As noted above, a chapter pertaining to compliance with the Council's residency standards is required only for CNME-recognized sponsors of residency programs. Information on this component of the self-study process is contained in the *CNME Naturopathic Residency Handbook*.

## Summary

In this final chapter of the self-study report, the program should bring together all of the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for review by the evaluation team. This recapitulation of the institution/program's plans and recommendations for the future should correlate with the program's assessment regarding its strengths and weaknesses as noted in the body of the report, and should be presented and considered in two ways: (1) summarizing the plans/recommendations from each of the 11 sections, and (2) synthesizing and prioritizing the plans/recommendations from all 11 sections into a realistic timeline for implementation that takes into account the current and anticipated financial and human resources of the institution/program. The summary should also describe the program's ongoing structure for long-range planning that includes projected resource allocations. Because both the timeline for implementation and the program's structure for long-range planning must have the support of the governing board, administration and faculty in order to be successful, this support must be demonstrated and documented in the summary chapter.

## ■ Format of the Self-Study Report

In the spirit of achieving a healthy balance between thoroughness and brevity—and to promote clarity—the Council has set the following page limits, formatting and other requirements for self-study reports:

1. The maximum page limit is 200 pages double-spaced or 150 pages 1.5-spaced (for the sake of readability, reports should not be single-spaced). Note that this page limit applies to the body of the report and does not include appendices.

Self-study reports that include sections pertaining to compliance with the Council's residency program standards and/or with CNME accreditation standards in relation to a branch campus may exceed the 200-page limit as follows: an additional 20 pages double-spaced (15 pages 1.5-spaced) may be devoted to the residency program; and an additional 60 pages double-spaced (45 pages 1.5-spaced) may be devoted to the branch campus.

2. Report pages should be numbered.
3. Any easily readable typeface (e.g., Times Roman, Arial) may be used, provided that the type is a minimum of 11 point in size.
4. Margins should be a minimum of one inch on every side: left, right, top and bottom.
5. Block quotations may be single-spaced.
6. Tabs or some other system must be used to indicate the location of chapters and appendices.
7. Whenever the report references information contained in a document placed in an appendix, the report should specify the relevant page numbers of the document.
8. The report must be bound or placed in a loose-leaf binder (for ease of last-minute revisions, a loose-leaf binder is recommended). No more than two separate volumes may be submitted (e.g., a report binder and an appendices binder); however, catalogues, handbooks, manuals, etc., may be provided as separate documents and do not need to be part of the bound report (it is helpful if they are placed in a binder insert or pocket).
9. The application's narrative section must be in English even if a program is offered in a language other than English, or is housed in an institution in a location where English is not the official language. If any required documents contained in appendices are not in English, such as a charter or similar document that authorizes the legal operation of the institution, they must be accompanied by either an English translation of the document or an accurate summary of the document in English. Questions regarding appended documents that may require an English translation or summary should be directed to the CNME executive director.

## ■ Requirements for Submission of Report Copies

The program is required to submit a *draft version* of the self-study report *at least four months prior to the scheduled date of the evaluation visit* for preliminary review by the Council’s executive director and members of a review committee, as follows:

- One hardcopy *and* one digital copy of the draft report to the Council’s executive director; and
- One hardcopy *or* one digital copy of the draft report to the members of a review committee designated by the executive director—depending on the preference of the reviewers.

Within 30 days of submission of the draft self-study report, the executive director will inform the program whether the review committee has found the draft report to be complete and fully responsive, or whether the program is required to add to or revise the report in order to ensure completeness and responsiveness.

The program is required to submit a *final version* of the self-study report that takes into account any feedback from the review committee at least two months prior to the date of the scheduled date for the evaluation visit, as follows:

- Two hardcopies *and* one digital copy of the final report to the Council’s executive director;
- One hardcopy *or* one digital copy of the final report to each member of the evaluation team—depending on the preference of the team member; and
- One digital copy to each member of the Council who is not a member of the evaluation team.

The executive director will supply to the program the contact information of individuals to whom the report should be submitted directly.

## ■ Failure to Submit an Acceptable Self-Study Report in a Timely Manner

The Council’s accreditation process depends in great part upon the quality of the self-study reports submitted by CNME-recognized programs and programs seeking recognition—their completeness, responsiveness, accuracy, and depth of analysis. As noted above, the Council’s executive director and a review committee will review the draft self-study report submission for deficiencies and inform the program of any areas that must be revised or augmented in the final report. If the draft version of the report is too deficient to be remediated within the timeframe for final submission—namely two months prior to the evaluation team visit—the visit will be rescheduled.

If rescheduling a visit is necessary, the following will apply:

1. The program will bear any additional travel expenses incurred due to rescheduling;
2. The program will pay a \$1,000 fee to cover the additional time of Council staff to reschedule the visit; and
3. The period of accreditation subsequently granted by the Council will be adjusted to reflect the original date of the visit.

If the program demonstrates persistent inability to provide an acceptable self-study report, the Council has discretion to impose a sanction in accordance with its policies.

## ■ Self-Study Guide: Questions for Reflection and Required Report Materials

The purpose of this section of the *Self-Study Guide* is three-fold:

1. To provide guidance on the content of an ND program's self-study report to ensure that the report is comprehensive and responsive.
2. To encourage deep reflection about the program among the participants in the self-study process for the sake of ongoing improvement; and
3. To identify the supporting materials that the program must supply, either as appendices to the self-study report or onsite during the evaluation visit. Materials required to be available onsite should either be accessible in the team workroom—in hardcopy or electronic form—or should be made readily available to team members in specified locations.

As noted earlier, the Council encourages each program to develop a self-study process that best fits the needs and circumstances of the program within the parameters set forth in the *Self-Study Guide*. To that end, the Council encourages each program to formulate additional questions as part of its in-depth exploration.

There is some redundancy in the questions due to occasional overlap in the content of Council's accreditation standards. Programs are encouraged to use their discretion in presenting information so as to avoid unnecessary repetition, provided that the self-study report comprehensively addresses all of the standards.

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## ■ STANDARD I: Mission and Program Outcomes

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. Copy of the institutional mission, program mission, and program outcomes.
2. Documentation that demonstrates periodic review and, as applicable, approval of mission and program outcomes (e.g., copies of meeting minutes).

### REQUIRED TEAM WORKROOM MATERIALS

1. Copies of publications containing the program mission and program outcomes.

### QUESTIONS FOR REFLECTION

#### A. Program Mission and Outcomes

1. Describe and analyze the interconnection between the institutional mission (if separate from the program mission), the program mission and associated program objectives: Are they all logically consistent? Do they provide an effective basis for establishing specific student achievement/learning goals and objectives for the program?
2. Describe and analyze how the program mission satisfies the elements outlined in this accreditation standard: Is it consistent with the operating authority of the program and institution? Is it clear, concise, and realistic? Does it identify what the program intends to accomplish? Does it encompass the training of naturopathic doctors? Does the mission reflect the current educational practices of the institution?
3. Are the program mission and outcomes compatible with—and supportive of—naturopathic principles, philosophy, and clinical theory and practice?

## **B. Development, Implementation and Review of Program Mission and Outcomes**

1. Describe and analyze the process for reviewing and revising the program mission and outcomes: Is this process engaged in periodically? Does it involve the program's constituencies, including the administration, faculty and students? Does it take into account assessments of student achievement/learning? Are revisions to the program mission formally approved by the institution's governing board?
2. Describe and analyze the process for disseminating the program mission and outcomes in program publications: Are they widely and consistently disseminated? Are they generally understood and supported by the program's communities of interest? Could they be more effectively disseminated? If so, how?
3. Describe and analyze how and to what extent the program mission and outcomes provide the foundation for the program's activities, services and policies. Do they inform the strategic planning process and guide the allocation of resources? Are any changes potentially needed to accommodate current or future directions?

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## **■ STANDARD II: Organization, Governance and Administration**

### **REQUIRED APPENDICES FOR SELF-STUDY REPORT**

1. Documentation (e.g., articles of organization, official letters) from various agencies demonstrating (as applicable) legal incorporation, degree authorization, institutional accreditation, and financial aid authorization.
2. Governing board bylaws.
3. A list of governing board members, including brief biographical information on each person and information on any business, employment or other contractual arrangements that members have with the institution.
4. Board member conflict-of-interest policy or policies and disclosure statements.
5. An organization chart or charts that outline the administrative structure of the institution and the ND program, and that show how the program administration relates to the institutional administration.
6. Position description for dean/chief academic officer of the program (i.e., the person responsible for leading the program).
7. CV/résumé for dean/chief academic officer of the program.

### **REQUIRED TEAM WORKROOM MATERIALS**

1. The latest official reports on the program and institution from other accrediting agencies (if applicable) and governmental regulatory agencies that oversee the institution or program.
2. Current strategic/long-range plan for the institution and program.
3. Personnel/employee handbook(s)/manual(s).
4. Governing board meeting minutes for the past three years.
5. If applicable, meeting minutes of any advisory board for the program.
6. Position descriptions for key program administrative staff.
7. Copies of performance evaluation forms.
8. CVs/résumés for the leadership team of the institution.
9. CVs/résumés for key program administrative staff.

## QUESTIONS FOR REFLECTION

### A. Legal Organization and Governance

1. Describe how the institution is legally organized/incorporated: Is it authorized to offer an ND/NMD degree or designation? If so, by which state or provincial agency? Describe the local laws and regulations that pertain to the institution: How is compliance with local laws and regulations ensured? Are there any issues/problems with the current way in which the institution is organized and regulated that may adversely affect the institution or program? If so, what steps is the institution taking (or planning to take) to address these issues?
2. For a program in the U.S. seeking initial CNME accreditation: Does the institution have candidacy or accreditation status with an institutional accrediting agency recognized by the U.S. Department of Education (e.g., a regional accrediting agency)? If not, is the institution actively engaged in seeking institutional accreditation? What impediments, if any, does the institution face in gaining institutional accreditation?
3. For a program in Canada seeking initial CNME accreditation: Does the program (or the institution that offers the program) have provincial approval for participation in government-funded student-aid programs? If not, are such programs available? Is the institution actively seeking to offer student aid? What issues, if any, does the program face in making government-funded student financial aid available?
4. Describe and analyze the institution's governing board: Who serves on the board and what are their professional backgrounds/qualifications? How is the board structured to conduct its work (e.g., frequency of meetings, types of committees, governing philosophy)? What are the strengths and weaknesses, if any, in the structure and composition of the governing board?
5. What contractual, employment and/or personal financial interests, if any, do individual board members have with the institution? If such conflicts of interest exist, how does the board as a whole ensure that its objectivity in decision-making and fiduciary responsibility to the institution are not compromised?
6. Describe and analyze the institution's conflict-of-interest policy for the governing board: Does it adequately protect the interests of the institution? Does the institution keep on file a current signed statement from each governing board member indicating any actual or potential conflict of interest?
7. Does the governing board exercise ultimate authority over the institution, free of undue outside influence? If not, what are the constraints and how do they affect the institution and program?
8. Describe the governing board's routine activities (e.g., establishing broad policy, approving long-range plans, appointing and evaluating the chief executive officer, ensuring fiscal viability, approving budgets, ensuring the integrity of the institution, approving major program changes, and evaluating its own performance), and analyze the board's effectiveness in carrying out these activities. Is the governing board informed about the CNME accreditation process?
9. Describe and analyze the ways in which the program can formally communicate to the governing board regarding its needs and can provide input on relevant institutional and programmatic issues: Do these channels allow for regular and effective communication?

### B. Administration

1. Describe the professional qualifications of the institution's chief executive officer.

2. Describe the professional qualifications of the program's dean/chief academic officer (or of the members of the academic leadership team, if the role is shared). Describe and analyze the chief academic officer's responsibilities: Are they appropriate and reasonable for the position? Does he or she have sufficient authority and autonomy to effectively manage the program? What role does he or she play in formulating the program's budget and participating in strategic planning for the program? Does he or she ensure that the program curriculum is regularly reviewed and revised as needed? What changes, if any, might be needed in the role of the chief academic officer to better meet the needs of the program?
3. Describe and analyze the program's organizational structure and administrative staffing: Is the program administration structured in a way that enables it to carry out its work effectively: Are job responsibilities and reporting lines clear? Do individual administrators have appropriate authority? Is there sufficient administrative staffing to meet the needs of the program and achieve the program's mission? Are administrators appropriately qualified for their roles? Is the administrative staffing reasonably stable? What are the strengths and weaknesses of the program administration?
4. Within the institution's administrative hierarchy, is the naturopathic medicine program placed at the same level and does it have the same administrative status as other comparable healthcare related programs leading to doctoral degrees or designations? If not, why is there a disparity? Describe and analyze the level of commitment to—and support for—the program by the institution's leadership and senior staff: Are there any issues regarding support for the program that might have an adverse effect on the program?
5. Describe and analyze the institution's human resources policies and procedures: Are they comprehensive? Do they provide for the regular evaluation of employee performance and the mechanisms for faculty advancement in rank? Is there a reasonable grievance policy for employees? Are there non-discrimination and equal opportunity policies in place? Within the constraints of its resources, does the institution and program provide opportunities for professional development? Are there any gaps or weaknesses in the human resources policies and procedures? Are the conditions of employment (e.g., compensation, support, and workload) for administrative staff adequate to attract and retain qualified personnel?
6. Describe and analyze the mechanisms in place for faculty, administrative staff, students and other appropriate constituencies to communicate their needs to the program's leadership team and provide input in matters of significant interest to them: Do these mechanisms provide reasonable access? Do faculty members have opportunities to provide substantive input into policy matters related to the educational program and faculty? What are the avenues by which the program's leadership team responds to such input? What weaknesses, if any, are there in regard to effective communication with the program's leadership team?

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**■ STANDARD III: Planning and Financial Resources**

**REQUIRED APPENDICES FOR SELF-STUDY REPORT**

1. The institutional financial audit, including an opinion/management letter, for the most recent fiscal year that also includes comparative financial information on the preceding fiscal year.
2. The program budget for the current fiscal year, including budget assumptions.
3. The program budget projections for the next two fiscal years, including budget assumptions.

**REQUIRED TEAM WORKROOM MATERIALS**

1. Manual outlining financial controls and management policies.

## QUESTIONS FOR REFLECTION

### A. Planning

1. Describe and analyze the institution's strategic plan: Does it set forth the current organizational and programmatic priorities, goals and objectives? Is the plan regularly reviewed and updated as needed? Are there ways in which the strategic planning process could be strengthened?
2. Is there a financial plan that includes a budget for the current fiscal year and budget projections for two additional fiscal years? How well does the financial plan align with the strategic plan? Are there ways in which financial planning could be strengthened and better coordinated with strategic planning?
3. Describe and analyze the program's opportunities for input into and involvement with institutional strategic and financial planning: Is it sufficient to make the institution's leadership aware of the program's current and future needs, and to ensure that these needs will be met?

### B. Institutional Financial Resources

1. Describe and analyze the institution's current financial situation: Is the institution's financial situation stable and are there adequate resources to support the program? Are there any institutional financial challenges that could adversely affect the program's ability to achieve its mission and educational objectives in the current, short and long term? If so, what steps are being taken to address them?
2. Is an annual independent audit of the institution's financial statements conducted by an outside certified or chartered public accountant? For institutions that are recipients of U.S. Federal awards and grants, is the annual audit conducted in accordance with the requirements of OMB Circular A-133?
3. Who within the institution reviews the annual financial audit and how is this review carried out?

### C. Program Financial Resources

1. Is the program provided with sufficient financial and other resources to (i) achieve its mission, (ii) meet existing program commitments, and (iii) provide adequately for instruction, research and scholarship, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific needs and functions? Are any aspects of the program adversely impacted or unduly limited due to a relative insufficiency of resources? If so, how is this being addressed?
2. Does the institution develop a 3-year program budget that includes the current fiscal year, with projected revenues and expenditures based on realistic assumptions? Does the program have sufficient control over the program budget to achieve its mission and conduct its operations?
3. Describe and analyze the process by which the program's annual budget is developed and resources are allocated: Is the clearly defined and consistently implemented? Does the process take into account information derived from the program's assessment processes? Does the annual budget provide a realistic projection of the program's revenue and expenditures based on reasonable assumptions? What weaknesses in the budgeting process, if any, need to be addressed?
4. Are the current and projected program budgets regularly reviewed, and are changes made as necessary? Are program budget managers provided with regular financial reports and informed of budget changes in a timely manner? Are there ways in which the program's involvement with budget management could be improved?



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## ■ STANDARD IV: Program Faculty

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. List of faculty who teach in the program, including educational credentials, rank, full-time or part-time status, and number of years at the institution.
2. Faculty handbook (or comparable publication).

### REQUIRED TEAM WORKROOM MATERIALS

1. Any other personnel or policy manuals pertaining to faculty.
2. CV's/résumés of all program faculty.
3. List of faculty load/course assignments for the current academic year.
4. Faculty senate meeting minutes.
5. Curriculum committee meeting minutes.
6. Copies of forms used for faculty evaluation.
7. Examples of faculty development offerings and activities.

### QUESTIONS FOR REFLECTION

#### A. Faculty Qualifications

1. Describe and analyze the overall qualifications and credentials of program faculty as a group: What qualifications are generally required for faculty in the basic science, clinical science, and clinic practice areas of the program? How does the program ensure that individual faculty members have appropriate qualifications for specific teaching assignments?
2. Describe and analyze the degree to which didactic and clinical faculty members possess skills in instructional methodology—including assessment of student learning—in addition to their subject matter expertise. What steps, if any, does the program or institution take to develop the instructional skills of faculty, including skills involved in using information and communication technology? How does the institution satisfy itself that the program is being effectively delivered?
3. Describe and analyze the qualifications of clinical faculty members as a group: Do they have a minimum of two years of clinical experience? Do the majority of clinical faculty members have a minimum of five years of experience? Are the qualifications and experience of clinical faculty sufficient to achieve the goals of the clinical training program? Are there any deficiencies in the clinical faculty that need to be addressed? Are any individuals with fewer than two years of clinical experience (e.g., ND's in a residency program) involved in clinical instruction in a mentored environment? If so, describe and analyze their involvement in clinical training and how they are overseen.
4. Describe and analyze how well the overall composition and combined experience of the faculty reflects the naturopathic orientation of the program. Are there sufficient naturopathic physicians and other faculty who are knowledgeable in naturopathic medicine to ensure that graduates of the program will be able to effectively integrate naturopathic principles, philosophy and clinical theory into clinical practice?

#### B. Faculty Sufficiency

1. Describe and analyze the composition of the program faculty in terms of the number of full-time and part-time members: Is there overall a sufficient number of faculty to effectively meet program needs? What weaknesses, if any, are there in this regard? Are there any issues or problems in relation to

faculty workload? Are there any challenges in recruiting a sufficient number of qualified individuals to serve on the faculty?

2. Describe and analyze the role of faculty in program planning, assessment and revision; faculty governance; academic counseling; and other academic responsibilities: Is the current cohort of full-time and part-time faculty sufficient to handle these responsibilities effectively? What problems or weaknesses, if any, are there in regard to faculty involvement in these service activities?
3. To what extent are faculty involved in national, state and local professional associations, licensing boards, accreditation and certification agencies, and other organizations contributing to the advancement of the field of naturopathic medicine? If such involvement is limited, are there steps the program/institution can take to increase involvement.

### **C. Faculty Orientation and Performance Evaluation**

1. Describe the orientation program for all new faculty members. Are faculty members trained in fields other than naturopathic medicine provided a basic understanding and appreciation of naturopathic medical principles, philosophy, clinical theory and clinical practice? Is their orientation sufficient to enable effective instruction in a naturopathic medical program?
2. Describe and analyze the faculty evaluation process. Are all faculty members periodically evaluated? Are administrators and students involved in evaluating faculty? Is there a peer evaluation process? Is there a process for program administration to review the results of evaluations with individual faculty members? How well does the evaluation process support faculty in improving the quality and effectiveness of instruction, including use of instructional technology? Does the evaluation process extend to research/scholarship activities and performance of assigned responsibilities apart from teaching, as may appropriate? What changes, if any, are needed to increase the effectiveness of the faculty evaluation process?

### **D. Faculty Professional Development**

1. Describe and analyze the ways in which the institution and program support the ongoing professional development of faculty members: Are there institutional policies regarding professional development? What opportunities, assistance and incentives are provided to promote professional development? Are there remedial and professional development offerings available to faculty to support the developmental goals identified through the faculty performance evaluation process?
2. Are individual faculty members engaged in on-going professional development to enhance their instructional effectiveness (including assessment of student learning), as may be applicable to their assigned duties? Are faculty members required to stay current in their academic discipline and relevant professional skills? Do faculty members who utilize information and communication technology in teaching receive appropriate training and ongoing support to ensure effectiveness? What additional steps could the institution/program take to further the professional development of faculty involved in the program?

### **E. Faculty Participation in Program Development and Academic Administration**

1. Describe and analyze the role of faculty in the development of institutional and program policies, and the structures and mechanisms by which faculty are engaged in governance: Do these structures and mechanisms enable effective communication among the faculty and between the faculty and administration?
2. Describe and analyze the faculty governance organization: How often does it meet? Does it operate according to bylaws or a similar policy document? Is it appropriate to the size and complexity of the institution and broadly representative of the faculty? What changes, if any, might increase the effectiveness of faculty governance?

3. Describe and analyze the ways in which the faculty members are involved in the development of the program's curriculum and academic policies, including student selection, evaluation, discipline, academic standing and graduation. Are faculty members involved in the review and recommendation of teaching methods, and the identification of needs related to the program's academic facilities and equipment?

#### **F. Conditions of Faculty Employment**

1. Describe and analyze the institution's/program's faculty handbook(s) or comparable publication(s): Do they clearly set forth policies regarding hiring and termination, faculty rank and promotion, salary and benefits, performance evaluation, tenure (if applicable), teaching loads, instructional responsibilities, non-instructional responsibilities, conflict of interest, the resolution of grievances, intellectual property, and academic freedom policy? Do policies reflect a commitment to equal employment opportunity and non-discrimination? Are handbooks and policies sufficiently comprehensive and up-to-date? Do policies with respect to promotion and tenure include provision for faculty input? What changes, if any, might be needed to improve specific faculty policies or the handbook?
2. Describe and analyze the conditions of employment: Are salaries and benefits adequate to attract and retain a qualified faculty? Is the faculty compensation package regularly reviewed for adequacy in light of economic changes?

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### **■ STANDARD V: Student Services**

#### **REQUIRED APPENDICES FOR SELF-STUDY REPORT**

1. Student handbook (or comparable publication).
2. Institution and program catalogs/calendars.

#### **REQUIRED TEAM WORKROOM MATERIALS**

1. Student council meeting minutes, if any, for the last three years.
2. Statistics on students and graduates for the last five years, including number of applicants, admitted students, and graduated students, as well as available demographic information on the student body (e.g., breakdown by gender, age, race, ethnic origin).
3. Statistics on cohort loan default rates for the last three years.
4. A copy of the most recent annual report to the CNME.
5. Brochures, etc., describing student services.
6. Examples of print advertisements, brochures and other marketing materials, particularly those related to student admissions.
7. Financial aid policies and information on financial aid that is available to students.

#### **QUESTIONS FOR REFLECTION**

##### **A. General Provisions**

1. Describe and analyze the degree to which the program's student services and activities reflect the program's mission and objectives, support good student morale, and assist students in the achievement of personal and professional growth as they progress through the program. Do the student services include, at a minimum, well-developed programs in the following areas: (i) admissions, (ii) orientation, (iii) advisement and counseling, (iv) financial aid (if offered), (v) tutorial

services, and (vi) career development services? What are the perceived weaknesses, if any, of student services and activities?

2. Describe and analyze the student handbook (or comparable publication): Does it contain policies that clearly define the rights, privileges and responsibilities of students, and that specify the procedures for conducting disciplinary and academic standing proceedings for violations of those responsibilities? Whenever the faculty or administration takes a formal action that adversely affects the academic, clinical or enrollment status of a student, is there in place a fair, clearly defined and documented process that includes timely notice of the impending action, disclosure of the grounds on which the action would be based, an opportunity for the student to respond, and an appeals process in the event of an adverse action? Are there any perceived weaknesses in student policies in terms of comprehensiveness, clarity or content?
3. Describe and analyze the mechanisms by which the program can systematically obtain student views and input into institutional and programmatic planning and decision-making. Are these mechanisms perceived as adequate?
4. Does the program publish in the student handbook (or in a comparable publication) fair and efficient policies and procedures for reviewing and responding to formal complaints and grievances made by students? Does the program maintain a record of their disposition during the preceding three-year period—or, if more than three years ago, from the date of the Council's last comprehensive on-site visit—demonstrating that these complaints and grievances were handled in an equitable manner according to the published policies and procedures?
5. Describe and analyze the ways in which the institution provides for the safety and security of students and their property. Is information concerning campus safety distributed as required by federal and state/provincial laws and regulations? Are there any perceived deficiencies in regard to student safety and the security of student property?

## **B. Admissions**

1. Describe and analyze the program's published student admission policy: Does it clearly specify the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success? Does it reflect the program's mission and objectives?
2. Describe and analyze the actual student selection process: Who is involved? What steps does the program take to identify applicants who possess the intellectual capacity, integrity and personal characteristics necessary to become effective naturopathic physicians/doctors? Does the admissions process include an in-person interview with applicants? If not, why not?
3. Describe how the institution ensures that its admission policies comply with applicable federal and state/provincial laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.
4. Describe and analyze the role of faculty in the creation of the admissions policies and their involvement in the student selection process. Does the program have final responsibility for recommending student selection, or does a separate department of the institution, such as the admissions department, make selection decisions? If the program does not have final say on student selection, how does it ensure that only qualified applicants are admitted? Have any weaknesses in the student selection process been identified through the program's evaluation and assessment processes? If so, how are these weaknesses being addressed?"
5. Are specific admissions policies (e.g., policies pertaining to transfer credit, advanced standing, re-admittance into the program, non-discrimination, etc.) clearly stated in institutional publications? Do enrollment, cancellation and refund policies comply with applicable federal and state/provincial laws and regulations?

6. Does the program adhere consistently to its published admissions policies? Are any exceptions to these policies based on well-founded and documented reasons? Are admissions files for students complete in terms of the documents the institution requires?
7. How does the institution ensure that recruitment and admissions activities are conducted legally and with honesty and integrity? How does the institution ensure that marketing materials and representations made to prospective students are clear, accurate and up-to-date?
8. Describe the program's transfer credit and advanced standing policies: How does the program determine that the content of courses accepted for transfer credit is equivalent to its requirements for graduation?
9. In considering education and training obtained in foreign countries, does the program obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation?
10. Does the admissions policy involve planning and periodic assessment to determine whether the policy is adequately serving the needs and interests of the students, program and profession? Are there ways in which the admissions policy and process could be improved in these regards?

### **C. Student Records**

1. Describe the institution's/program's record keeping system, including the system for maintaining permanent academic records. How are the accuracy, completeness and safety of records assured? Describe policies and procedure governing students' access to their academic, attendance, financial and other records.
2. Describe and analyze the institution's policies and procedures regarding the information/data maintained in students' permanent records, as well as the retention, safety, security and disposal of records. Are policies and procedures pertaining to records perceived to be in the best interests of the student and the program? Do they allow for convenient access, protect individual privacy rights, and ensure that confidentiality is maintained? Do the institution's policies and procedures regarding record keeping, access to records and release of information comply with federal and state/provincial laws and regulations?
3. Does the program maintain data that allows for the compilation of the following records and statistics: student profiles showing the number of students enrolled, graduated and readmitted; admissions data showing the number of applications received and accepted; pass rates on Parts I and II of the NPLEX examination; student loan default rates; and ages, gender, educational backgrounds, and racial/ethnic origins (optional) of the student body?

### **D. Tuition and Financial Aid**

1. Describe the various types of financial aid available to students. If the institution utilizes public resources to provide financial aid to students, describe how the institution ensures that the financial aid program is administered—and financial aid records are maintained—in accordance with applicable federal and state/provincial requirements. Describe the professional training programs, including any government-mandated training programs, that financial aid personnel participate in so as to remain current in their knowledge of financial aid requirements and practices.
2. What information on opportunities and requirements for financial aid does the program provide to students? Do students who receive financial aid participate in entry and exit interviews where loan repayment responsibilities are explained? Do students have an opportunity to receive staff assistance in planning for the most efficient use of financial aid and in keeping borrowing at a responsible level? In what ways, if any, could the administration of the financial aid program be improved?

3. What was the institution's cohort default rate on loan programs during the last three years for which this information is available? Is the default rate within acceptable limits under applicable state/provincial and federal law? Are there any troublesome trends in the default rate? What steps, if any, might be needed to support students who receive financial aid?
4. Does the institution/program have a clearly defined, fair and equitable refund policy for unearned tuition and fees that complies with applicable state/provincial and federal laws and regulations? Is the refund policy consistently followed in practice?

#### **E. Counseling**

1. Describe and assess the academic and career counseling services for students. How well do they integrate with and reinforce the efforts of faculty members, program administration and student affairs officers to support student success in the program? Do students have ready access to these services? Do students have access to personal counseling, if needed? In what ways, if any, could student counseling services be improved?
2. Describe the mechanisms in place that enables the program to identify at-risk students and address their needs in a timely manner. How does the program determine whether a student lacks the abilities necessary to successfully complete the program? How does the program ensure that such a student is counseled out of the program in a timely manner? Are the mechanisms for identifying and dealing with at-risk students satisfactory? If not, what plans are there for improving them?

#### **F. Use of Information and Communication Technology**

1. If some of the program's courses utilize information and communication technology (ICT) that allows for remote participation, are there processes in place by which the institution establishes that the student who registers in such a course is the same student who participates in and completes the entire course and receives the academic credit?
2. Describe the specific methods by which the institution/program verifies the identity of a student who participates in class or coursework (e.g., secure login and pass code, proctored examinations, and/or other technologies and practices that are effective in verifying student identity).
3. Does the institution/program provide written information on the processes that it uses to protect student privacy?
4. Does the institution/program notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment?

#### **G. Official Publications and Online Resources**

1. Describe the publications (e.g., catalog/calendar, student handbook or a comparable publication) the program provides to students and to the general public that describe the program. Do these publications include the information required under Section G, Paragraph 1, of Standard V?
2. Are program publications accurate, clear and complete? Do they specify courses and faculty not available during a given academic year? Do they accurately represent employment, career and licensure opportunities? What improvements, if any, are needed in program publications?
3. Do advertisements and other communications concerning the institution's programs, services, activities and personnel provide accurate information regarding the naturopathic medical program?
4. Does the program publish its accreditation status and relationship with the Council—and provide the Council's address and phone number—in accordance with CNME policy?

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## ■ STANDARD VI: Program of Study

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. An outline of the program curriculum, if different from that appearing in the catalog.
2. Any diagrams or charts that illustrate the integration or flow of the curriculum.
3. A copy of a typical course syllabus.
4. A copy of the clinic manual (or similar publication).

### REQUIRED TEAM WORKROOM MATERIALS

4. An outline of the program's outcomes, core competencies and educational objectives.
5. A file and/or CD containing all course syllabuses.
6. Policies and documentation related to preceptorships, field observation and other off-site clinical experiences.
7. Copies of affiliation agreements with any off-site clinical training facilities.

### QUESTIONS FOR REFLECTION

#### A. Program Development, Delivery and Integration

1. Describe and analyze the program of study, including the academic and clinical components, from the standpoint of being “competency based”: Does the program clearly articulate program outcomes for the entire program, as well as core competencies/learning outcomes for individual courses? Are the program outcomes and core competencies consistent with the program mission?
2. Describe and analyze the overall length, scheduling format and delivery mechanisms of the program: Does the program consist of a minimum of four academic years and require a minimum of 4,100 clock hours? Is it primarily a residential program? Does it use a quarter, trimester or semester format—or some other format? Is the assignment of credits to individual courses consistent with accepted practices in higher education?
3. Describe and analyze the ways in which the program supports students in establishing a community of learning: Are there frequent and meaningful opportunities for interaction between faculty and students, and among students, including in the context of courses that utilize information and communication technology?
4. Has the institution entered into any articulation agreements with other institutions for the delivery of a portion of the program? If so, how does the institution ensure that the content, delivery mechanisms, and evaluation of student learning for that portion of the program complies with the CNME standards.
5. Do published materials clearly and accurately describe the program? Is a syllabus prepared for each course or major unit of instruction? Is a copy distributed to each student in the course and maintained in the program's curriculum files? Does each course syllabus contain, at a minimum, the following information?
  - a. The purpose of the course
  - b. The objectives of the course in specific terms, and the educational competencies to be attained
  - c. An outline of the content of the course and laboratory instruction in enough detail to permit the student to see its full scope
  - d. The method(s) of instruction and assessment
  - e. The requirements of the course with important dates (e.g., papers, projects, examinations)

- f. The type of grading system used
- g. The required and recommended reading.

Are there currently any needs for improvement in the content and presentation of course syllabuses?

6. Describe and analyze the instructional methods used in the delivery of the program. Do they reflect the program's mission and outcomes, as well as the specific objectives of individual courses? Does the program utilize diverse instructional methods, such as in-person lecture, practical lab, web-enhanced activity, blended/hybrid courses, etc.? Are any changes in or additions to instructional methods needed to improve the quality of the program?
7. Describe and analyze the degree to which academic and clinical education components are coordinated, integrated, and mutually reinforcing. Are there ways in which the program of study could be better coordinated and integrated?
8. Describe and analyze the ways in which the program facilitates a graduated progression in the student's development of knowledge, skills, attitudes and behaviors, and fosters the student's consequent ability to manage increasingly complex clinical knowledge and patient cases? In what ways, if any, could the program be more successful in these aspects of the training?
9. Describe and analyze the thoroughness with which naturopathic principles, philosophy, and clinical theory and practice are integrated throughout the academic and clinical education components of the program. In what ways, if any, could this integration be improved?
10. Describe and analyze the degree to which the following Principles of Naturopathic Medicine, as adopted by the American Association of Naturopathic Physicians (AANP) and the Canadian Association of Naturopathic Doctors (CAND), are appropriately reflected in all program components:
  - The healing power of nature
  - First do no harm
  - Identify and treat the cause
  - Physician/doctor as teacher
  - Heal the whole person
  - Prevention is the best cure

Are there any perceived weaknesses in the program in regard to the integration of these principles?

11. Has the program established and published course prerequisites for each course? How does the program ensure that prerequisites are followed?
10. Describe the curriculum review process: Is there a curriculum review committee (or similarly named entity) that regularly reviews, evaluates and revises, as needed, the content and instructional methodology of the program to ensure that required competencies and program outcomes are achieved? Does the review process take into account findings identified by the program's and/or institution's assessment processes and advances in medical sciences and education? Analyze the effectiveness of the curriculum review process.

## **B. Academic Component**

1. Describe and analyze the degree to which the academic component of the program is competency based, and fosters the development of required knowledge, skills, attitudes and behaviors in naturopathic medicine, including biomedical sciences and clinical sciences. Describe and analyze the degree to which courses that prepare students to assess and diagnose the causes of disease incorporate an awareness and understanding of naturopathic principles, philosophy, clinical theory and clinical practice. What are the perceived weaknesses, if any, in these areas?
2. Describe and analyze the academic components of the program that teach students: (i) how to advise



patients on prevention and wellness, (ii) how to effectively treat patients who have identified health concerns, diseases or conditions using naturopathic therapeutics and principles, (iii) how to make a diagnosis and prognosis, and (iv) how to evaluate and manage patient outcomes. What are the perceived weaknesses, if any, in these areas?

3. Describe and analyze how laboratory instruction and clinical demonstrations are utilized in the learning process. Describe the aspects of the program that teach students the skills necessary to access and evaluate information from diverse media. What are the perceived weaknesses, if any, in these areas?
4. Describe and assess the following aspects of the program's academic component, including an analysis of how effectively the program:
  - a. Covers naturopathic medical history, principles, philosophy and clinical theory, and integrates this subject matter throughout the program
  - b. Supports development of the student's skills in patient lifestyle counseling in preventive approaches, including health education/promotion, disease prevention and mind-body medicine
  - c. Supports development of the student's ability to competently take and record a patient's health history, effectively evaluate the causes and evolution of the chief complaints and present health status, appropriately utilize naturopathic assessments (including physical examination and laboratory findings), develop a differential diagnosis, create a treatment plan consistent with naturopathic principles, philosophy, clinical theory and practice, make a prognosis, and evaluate clinical outcomes.
  - d. Supports students in becoming clinically competent, caring and ethical primary care/general practice physicians/doctors, with a well-developed sense of personal wellness, knowledge of their unique skills as healers, and full understanding of their scope of practice and its strengths and limitations.
  - e. Provides students with a solid understanding of research methodology, including the applicability and use of evidence-based and evidence-informed research approaches in the context of naturopathic medicine, and supports development of the student's ability to: (i) evaluate and apply knowledge and information obtained from a variety of sources, including scientific and professional literature, clinical experience, and traditional naturopathic practices; (ii) participate effectively in research and scholarly activity; and (iii) document and evaluate the outcomes of naturopathic medicine.
  - f. Provides students with a solid understanding of practice management, professional ethics and jurisprudence, and supports development of the range of business skills necessary to build and sustain a successful naturopathic medical practice, including an understanding of the principles of financial recordkeeping and effective marketing and communication.
  - g. Supports students in developing the verbal and written communication skills necessary to work effectively with patients, the general public and other healthcare practitioners, and the ability to make appropriate referrals.
  - h. Emphasizes the importance of lifelong learning.

Are there deficiencies in any of the areas listed above? If so, what are the program's plans to address them?

5. Describe and assess the following aspects of the program's academic component, including an analysis of how effectively the program covers the following subject areas in the context of naturopathic medicine training:
  - a. Biomedical sciences, including: anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program

- b. Environmental and public health, including epidemiology, immunology and infectious diseases
- c. Pharmacology and pharmacognosy
- d. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses
- e. Therapeutic subject matter/courses, including botanical medicine, homeopathy, emergency and legend drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery
- f. Clinical subject matter/courses, including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology and hematology

Are there deficiencies in any of the areas listed above? If so, what are the program's plans to address them?

### C. Clinical Education Component

1. Describe and analyze the program's overall approach to clinical education: Is the clinical education component of the program competency based? How effectively is it coordinated and integrated with the academic component? How effective is it in developing students' ability to integrate naturopathic principles, philosophy and clinical theory into clinical practice? Does it effectively reinforce and further the development and application of the knowledge, attitudes, behaviors and values introduced in the academic component?
2. Describe and analyze the ways in which the clinical educational component enables students to develop the clinical competence, skills, professionalism and confidence necessary for successful clinical practice. Does the clinical component provide diverse experiences that enable students to become integral members of the health care profession and active participants in the community? Does the clinical component provide the skills needed to collaborate effectively with providers in other health care fields, and to work in an integrative health care setting?
3. Describe and analyze the ways in which the requirements, competencies, policies, and evaluation procedures in the clinical education component of the program ensure that student clinicians assume gradually increasing responsibility for patient care in accordance with their level of competence. By the time of graduation, do student clinicians—working independently—have the capability to practice safely and effectively?
4. Describe and analyze how effectively the clinical education component incorporates the following elements/characteristics:
  - a. A clinical experience that integrates naturopathic principles, philosophy, clinical theory and clinical practice into every clinical interaction;
  - b. A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as a primary care/general practice naturopathic physician/doctor, including patient counseling on health promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;
  - c. Opportunities to demonstrate competence in the full range of naturopathic therapies as set forth in this standard;
  - d. Opportunities to develop the knowledge, skills, attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other health care practitioners and the public;
  - e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and diseases, and

- to develop case management skills;
- f. Opportunities to develop cultural competence in such areas as human sexuality and gender sensitivity, as well as in cross-cultural situations;
- g. Opportunities to develop an understanding of medical ethics and the medical consequences of common societal and environmental problems;
- h. Group forums for discussion among clinical faculty and students on a variety of clinical subjects and case analyses, with the inclusion of naturopathic principles, philosophy and clinical theory as relevant to the discussion topic;
- i. Opportunities to develop a thorough knowledge and the necessary skills of charting and coding practices and patient record maintenance, including applicable jurisdictional legal requirements (e.g., electronic communications and telemedicine); and
- j. Opportunities in naturopathic practice management (e.g., attracting and retaining patients, time management, charging and collecting fees, etc.).

Are there deficiencies in any of the areas listed above? If so, what are the program's plans to address them?

5. Describe how the program's clinical education component is organized: Does it provide at least 1,200 clock hours of clinical training involving patient contact in a clinical setting? For most clinical education settings, is the faculty-to-student clinician ratio generally 1-to-6 or better? Describe how the clinical education component conforms to the clinical hours, number of patient contact/interaction, and other requirements cited in Section C., Paragraphs 5 a. through f., of Standard VI, noting any hours requirements set by the program. Are there any issues/deficiencies with respect to any of the items noted? If so, what are the program's plans to address them?

#### **D. Clinic Administration, Resources, and Facilities**

1. Describe the qualifications and role of the administrator who oversees the clinical education component of the program, including the responsibilities of the position (e.g., curriculum design and implementation, (oversight of clinical faculty, and the development of standards, policies and procedures pertaining to clinical education). Describe and analyze the administrative staffing in the program's clinic(s): Is it sufficient to meet the needs of the program? What perceived weaknesses, if any, are there in the staffing configuration?
2. Describe and assess the adequacy of the various clinical facilities (e.g., onsite clinic, healthcare clinics, hospitals) where clinical education takes place. Describe the means by which the program ensures that patient care in these facilities is provided in accordance with applicable local, state/provincial and federal requirements governing health and safety.
3. Describe and analyze the program's policies and procedures governing clinical education: Do these policies and procedures address the ethical behavior of students, clinical faculty, administrators and staff? Do they address the issues of quality assurance—both in terms of education and patient care—and conflict-of-interest for the dispensary/medicinary? Are there any deficiencies in the policies and procedures governing clinical education?
4. Describe and analyze the sufficiency of resources allocated to the clinical education component of the program to achieve its educational goals and objectives: Is there sufficient patient volume for the number of student clinicians? Are the clinical facilities adequate in size and equipped as needed to provide experience in all aspects of naturopathic assessment, diagnosis and treatment covered in the program curriculum? What deficiencies, if any, are there in the patient volume or other resources? What steps is the program considering or taking to address these deficiencies?
5. Describe and analyze the facilities and staffing for the clinical education component: Are there sufficient faculty and administrative staff to meet the needs of the program? Are patient-care rooms appropriately equipped? Are physical medicine facilities and equipment adequate? Is the clinical

laboratory appropriately equipped? Is there a naturopathic dispensary that is capable of fully serving the needs of patients, faculty and students? What deficiencies, if any, are there in the staffing or facilities related to clinical education?

6. Describe and assess the record-keeping procedures related to clinical education requirements: Do these procedures ensure accurate documentation of students' completion of clinical education requirements?
7. Describe and assess the policies and procedures for maintaining the clinical records of patients: Are these records accurate, secured, backed up, complete and kept confidential in accordance with applicable legal requirements? Do clinic record keeping practices conform to generally accepted standards of healthcare practice? Are clinic charts consistently signed by the student and the supervisor? What deficiencies, if any, have been identified in regard to clinic record keeping?
8. If the program has any affiliated clinical training sites at which students fulfill a portion of the 850-hour clinical education requirement, describe how the program complies with the following requirements:
  - a. A written affiliation agreement must be in place whenever an affiliated clinical training site is not under the direct administration of the program. The agreement must clearly state the educational goals for the training site and the role of the student clinicians;
  - b. The program's standards, policies and procedures must be consistently applied to student clinicians regardless of the training site, and student clinicians must receive comparable educational opportunities and experiences at all sites;
  - c. The program must employ student evaluation procedures at affiliated training sites comparable to those used at the principal teaching clinic, including procedures for evaluation of clinical competencies and student achievement;
  - d. Instructors at affiliated sites must have a formal written arrangement with the program, and must have qualifications comparable to the program's clinical faculty and perform the same functions.

Assess the quality of clinical training and experience provided at any affiliated clinic sites.

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## ■ STANDARD VII: Assessment of Student Learning and Program Evaluation

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. A copy of the program's assessment plan.

### REQUIRED TEAM WORKROOM MATERIALS

1. Examples of assessment tools, including clinical performance evaluation forms.
2. Examples from the last three years of data/information gathered in accordance with the assessment policy plan.
3. Program completion rates for the last five years.
4. NPLEX pass rates for the last five years.
5. Formal reports on file, if any, on measures taken to improve completion rates and NPLEX pass rates.

### QUESTIONS FOR REFLECTION

Describe and analyze the ways in which the program demonstrates a commitment to optimal student achievement/learning and academic and professional success through a focus on student learning outcomes and continuous program improvement based on outcomes data.

## **A. Assessment of Student Learning**

1. Describe and analyze the program's assessment plan for student learning: Does it provide a method for evaluating each student's academic and clinical performance and achievement in relation to the program's educational requirements and outcomes, including student competencies/learning outcomes in individual courses? Does it incorporate this data into the program level assessment and evaluation?
2. Does the program utilize both formative and summative processes to evaluate student learning? Are the evaluation processes fair, do they emphasize objective techniques and approaches, and are they applied consistently?
3. Describe and analyze the degree to which the evaluation processes enable faculty to support and assist student learning, and to verify each student's achievement of required academic and clinical learning outcomes/competencies. Do students who do not perform at the required level receive timely notification of the remedial options available to them? Are there ways in which the evaluation processes could be strengthened?
4. Is evaluation of student clinical performance referenced to specific criteria and performed regularly, and does it incorporate a variety of measures of knowledge and competence?
5. Are clinical faculty members required to complete an orientation session that includes information on the program's evaluation processes pertaining to clinical performance? Do they receive periodic in-service training to ensure consistency in evaluation? Do they have their individual performance as evaluators reviewed periodically?
6. Describe and analyze the various types of direct and indirect assessment measures the program uses to assess student learning, which may include such things as:
  - a. Systematic approaches to the evaluation of student competence in physical and clinical diagnosis (e.g. objective structured clinical evaluation, milestone exams, criterion referenced evaluation, evaluation with standardized patients, etc.) at various stages in the training, such as pre-clinic, midway through the clinical component, and post-clinic
  - b. Descriptive/narrative reports related to the student clinical experience (e.g., the variety of patient conditions typically seen, the depth of the clinical exposure, etc.)
  - c. Structured observation and evaluation of student clinical performance and ability to make independent clinical decisions by clinical supervisors
  - d. Review of patient charts to assess student clinicians' knowledge and skills
  - e. Structured observation and evaluation of student clinician performance in case presentations and grand rounds
  - f. Student self-evaluation and self-reflection
  - g. Surveys of standardized patients in regards to student learning.

Is there a sufficient number and variety of assessment measures to ensure reasonably effective and comprehensive assessment of student learning?

## **B. Program Level Assessment and Evaluation**

1. Does the program maintain a program level assessment plan that provides for a periodic assessment and evaluation of overall program effectiveness in relation to the program mission and outcomes? Has this plan performed as designed? Are there ways it could be improved?
2. Does the program regularly use the information generated through its assessment and evaluation processes to make related changes and improvements in its program of study, allocation of resources, and academic and institutional policies and procedures. If so, what are some examples of the changes and improvements that have been made?
3. Does the program assessment plan effectively address the following:

- a. What data will be collected, and by whom, in relation to each of the program-level student learning outcomes;
- b. The process and responsible parties for reviewing the data, policies and procedures to guide discussion and feedback of the results;
- c. The process and responsible parties for modifying the course, program or curriculum to improve student learning; and
- d. The timelines for carrying out the various components of the assessment plan.

If there are deficiencies in the assessment plan in relation to the above requirements, what are the plans for improving the assessment plan to meet these requirements?

4. Describe and analyze the various types of data the program gathers and maintains as part of its evaluation and assessment processes. Are the data sufficient in variety and amount to allow the program to document and assess the overall effectiveness of its training and the accomplishment of the program mission and outcomes?
5. Provide and discuss some examples of how findings from evaluation and assessment processes are integrated into the institutional/program planning process, including planning related to course delivery methods?
6. Does the program maintain data for the latest five-year period on the program's completion rates? If the data has indicated that the program fails to consistently graduate at least 75% of entering students within the timeframe set by the program, has a formal analysis been conducted and is there a report containing information on measures being taken to improve completion rates on file?
7. Does the program maintain data for the latest five-year period on the overall pass rate of its students and graduates on NPLEX examinations? If the data has indicated that fewer than 70 percent of first-time test-takers consistently pass NPLEX Part I (biomedical sciences) and/or NPLEX Part II (clinical sciences), has the program conducted a formal analysis, compiled a report containing information on measures being taken to improve the program's overall pass rate, and placed the report on file?

## ■ STANDARD VIII: Research and Scholarship

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. CV/résumé of the research director (or similar position) responsible for overseeing naturopathic medical research.
2. A list of research and scholarly projects, and publications, in areas related to the program currently underway and completed within the last five years.

### REQUIRED TEAM WORKROOM MATERIALS

1. Materials that set forth the institution's/program's policies and procedures regarding research and scholarship, including information on the institution's IRB.
2. Faculty policies that reference research/scholarship (if not contained in the faculty handbook).

### QUESTIONS FOR REFLECTION

Describe and analyze the role that research and scholarship plays in the naturopathic medical program: Is there a research department and a research director (or similarly titled position) at the institution? Are research and scholarship integral to the educational environment of the program? To what degree are research activities consistent with the mission and educational objectives of the program? Do research and scholarship in the context of the program contribute to the advancement of knowledge and the quality of

healthcare in the field of naturopathic medicine? In what ways does the program encourage faculty and student involvement in research and scholarly activities?

#### **A. Research Policies and Practices**

1. Describe and analyze the degree to which the program actively supports and engages in research and scholarship related to naturopathic medicine. Are the research and scholarship activities consistent with the program's mission? In what ways does the program provide ongoing support and development of faculty and student research and scholarship?
2. Does the program have a mechanism/structure in place (e.g., a research committee of administrators and faculty members that includes naturopathic physicians) to:
  - a. Approve and oversee research activities associated with the program?
  - b. Develop appropriate research plans and policies, including policies that set forth the intellectual property rights that derive from research and scholarship?
  - c. Ensure that research activities conducted under the program's auspices are in accordance with the program's/institution's policies, external legal requirements, and accepted research practices?
  - d. Ensure that funds for research derived from external grants, contracts or other sources are expended in accordance with the funding source's requirements?
  - e. Develop data and safety monitoring plans, as may be required?

If so, describe and analyze the composition of the research committee (or similar structure), its functions, and how well it operates.

3. Does the institution have in place an institutional review board that ensures adequate protection of subjects and addresses issues of medical ethics? If so, describe and analyze the composition and function of the IRB.
4. What policies and procedures does the institution have in place to ensure that research investigators have academic freedom in conducting their research and retain the right to publish and report the results of their research? Are these policies and procedures satisfactory?

#### **B. Support for Research**

Describe and analyze program's commitment to—and support for—research and scholarship, with attention to the following:

1. Does the institution provide, secure and/or arrange adequate funding, facilities, equipment, staff, library resources, information technology and other resources to accommodate the research and scholarship activities of the program? What are the perceived weaknesses, if any, in this area?
2. Is the program's commitment to research and scholarship reflected in such areas as: (i) the teaching load and assignment of faculty responsibilities, (ii) the provision of stipends and other remuneration for research and scholarship activities, (iii) support for seeking external funding, (iv) opportunities for faculty leave to conduct and participate in appropriate research programs, and (v) professional development opportunities to increase research capabilities?
3. Does the program provide opportunities for interested faculty and students to be mentored and to participate in research and scholarly activities?

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## ■ STANDARD IX: Library and Learning Resources

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

1. CV or résumé of the library director

### REQUIRED TEAM WORKROOM MATERIALS

1. Lists of the library's books, journals, databases, DVDs and other resources relevant to the needs of students in the ND program.
2. A list of the electronic and other equipment (e.g., models) available to students.
3. Meeting minutes of a library committee or similar advisory body for the last three years.
4. Materials for students and other users that outline the library's policies and resources.
5. Materials for library staff that outline operational policies and procedures.
6. A copy of any long-range plans that include a section on library development.
7. Data on student use of the library and learning resources.

### QUESTIONS FOR REFLECTION

- A. Describe and analyze whether and to what degree the institution provides ready and convenient access for students, faculty and other patrons to well-maintained, current, and authoritative learning resources that are sufficient in breadth and depth of holdings and technology to meet the mission, goals, and objectives of the institution/program and contribute to programmatic improvement. What are the perceived weaknesses, if any, in this area?
- B. Describe and analyze whether and to what degree the library and learning resources support contemporary instructional methods and technology, including those related to e-learning. What are the perceived weaknesses, if any, in this area? Are orientations and other programs regularly offered that inform students and faculty about available resources and services and that promote information literacy? Are such programs mandatory or optional? If optional, how well attended are they?
- C. Describe and analyze the staffing of the library and learning resources: Are they supervised and run by a sufficient number of appropriately credentialed professional staff who are familiar with regional, national, and international information resources and data systems and responsive to the needs of students, faculty and other patrons? Are professional staff engaged in continuing professional development?
- D. Describe and analyze the library and learning resources facilities: Are the facilities sufficient to meet the institution's/program's needs? Do professional staff and faculty have sufficient workspace, and do students have sufficient study space? How might the facilities be improved?
- E. Are the needs of the library and learning resources and the professional staff factored into the institution's/program's assessment and strategic planning activities? Do program faculty, administrators and students have opportunities for input into strategic planning regarding library and learning resources? If so, describe how this is accomplished. What are the perceived weaknesses, if any, in this area?



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## **STANDARD X: Physical Resources**

### **REQUIRED APPENDICES FOR SELF-STUDY REPORT**

None.

### **REQUIRED TEAM WORKROOM MATERIALS**

1. Facilities plan(s), including plans and timelines for capital improvements and maintenance schedules.

### **QUESTIONS FOR REFLECTION**

- A. Describe and analyze the physical resources available to the program, including computer/IT and other systems, and equipment and supplies. Are they sufficient to:
  - a. Enable the program to achieve its mission?
  - b. Provide for the effective functioning of the program?
  - c. Meet the needs of the faculty, staff and student body, including any needs associated with e-learning?

Is there a schedule for maintenance and replacement of equipment, and is it consistently carried out?

- B. Describe and analyze the sufficiency of faculty and staff offices, conference areas, study space and other facilities for the purposes of carrying out teaching and learning, research, administrative and other assigned responsibilities. What problems, if any, are associated with the current allocation of facilities to the program?
- C. Are the program's physical facilities owned by the institution, leased or otherwise contractually secured to guarantee their availability? For any facility that is not owned, is there an adequate notice period (in general, at least one full calendar year) should the owner wish to terminate the lease or contract?
- D. Is there a comprehensive plan for the allocation of physical resources for the program? Are physical resources allocated in a way that is consistent with the program's mission? Are appropriate program faculty and staff involved in the planning process to ensure that the program's needs are considered?
- E. Describe and analyze the safety, accessibility and maintenance of the facilities and grounds: Is there a schedule for maintenance and improvements of the facilities and grounds and is it consistently implemented? What problematic issues, if any, are associated with the facilities and grounds, and how are these being addressed (e.g., deferred maintenance)?
- F. Do the facilities and records comply with federal, state/provincial and local laws and regulations as regards fire, safety, health and accessibility? Does the institution have a comprehensive emergency preparedness plan in place that includes appropriate training of students, faculty and staff?
- G. Describe and analyze the adequacy of record storage, back-up and recovery procedures for all essential records, including student and patient records. Are there contingency strategies to address interruptions in technology services?

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## ■ STANDARD XI: Continuing Medical Education

### REQUIRED APPENDICES FOR SELF-STUDY REPORT

None.

### REQUIRED TEAM WORKROOM MATERIALS

1. Promotional and other materials on continuing education courses and programs offered during the last three years.
2. Any policy manual or other document that sets forth policies and procedures related to the continuing education program.

### QUESTIONS FOR REFLECTION

Describe the institution's continuing education program, if any, related to naturopathic medicine: What types of courses, workshops, certificate programs, and other offerings are provided?

Describe the administrative structure responsible for overseeing continuing education and providing administrative support. Who is responsible for exercising academic control over continuing education courses and programs? How are the appropriateness, quality and consistency of any continuing education program maintained?

For all of its continuing education workshops, courses, seminars and certificate programs related to naturopathic medicine, describe how the institution ensures that:

1. Programs are well-designed and of good quality.
2. Instructors have appropriate qualifications to teach the subject matter of the course or program.
3. Any conflict of interest on the part of the instructor or course sponsor is publicized.
4. Accurate records of attendance, grades and other relevant information are maintained.
5. Programs are evaluated by attendees and program administrators.
6. The naturopathic medicine program does not allow students to take continuing education courses or programs as part of the core curriculum (note, however, programs may allow students to take continuing education courses or programs for elective credit within the naturopathic medicine program, provided that the academic requirements and rigor are consistent with courses offered as part of the core curriculum).
7. No certificate or other credential signifying completion of a continuing education course or program is issued prior to actual completion of all requirements.

Assess the overall quality and appropriateness of the continuing education program in light of the potential needs of the naturopathic physician community.

## PART SIX: Policies of the Council

This section of the *Handbook of Accreditation* contains formal policies and procedures of the Council that pertain to either CNME-affiliated naturopathic medical programs or to the Council itself. Additional policies and procedures binding on the Council and affiliated programs are found in other sections of the *Handbook*.

### ■ Policy 1: Council Membership

The volunteer members of the Council's Board of Directors are elected by the Board from among the Council's three major stakeholders: CNME-affiliated educational institutions, the profession of naturopathic medicine, and the general public. An accurate, current résumé of a nominee for membership on the Council's Board shall be on file with the Council's executive director before the Council may elect the nominee. The following are the Council's three categories of membership:

- **Institutional member representatives** are academic administrators or faculty members from the accredited programs. Institutional member representatives do not represent the interests of their individual institutions; they serve in the same capacity as the Council's profession and public members, supporting the Council's mission and objectives, and remaining mindful of all the constituencies the Council serves. The Council has three positions allotted for institutional member representatives. The accredited naturopathic programs take turns on a rotational basis nominating institutional member representatives, in accordance with Council Policy 13 below. The members serve three-year, non-renewable terms. Nominees are elected by majority vote of the Council's members at its annual meeting.
- **Profession members** of the Council hold a current license to practice naturopathic medicine in a United States or Canadian jurisdiction that regulates the practice of naturopathic medicine. They are active members of a national, state or provincial association of naturopathic physicians, and they either currently serve as faculty members in a CNME-accredited or candidate program or have experience as educators, or are knowledgeable about accreditation. The Council shall have a minimum of four and a maximum of six profession members.

A committee appointed by the president from among the Council's members nominates individuals as profession members. They serve three-year terms, with a limit of two consecutive full terms. Nominees are elected by majority vote of the Council's members at an annual or semiannual meeting.

- **Public members** are not naturopathic physicians; are not students in a naturopathic medicine program; are not affiliated with a naturopathic medicine program ("affiliated" is defined in the Policy on Potential Conflicts of Interest, see below); are not members of and do not have any other role with an association of naturopathic physicians; and do not have any role in a state's or province's licensing activities for naturopathic physicians. Public members bring expertise in educational administration, academics or accreditation to the Council. The Council shall have a minimum of two and a maximum of three public members.

A committee appointed by the president from among the Council's members nominates individuals as public members. They serve three-year terms, with a limit of two consecutive full terms. Nominees are elected by majority vote of the Council's members at an annual or semiannual meeting.

The Council must ensure that the Board of Directors includes significant representation of individuals whose major professional activities include teaching, including one individual whose primary activity is teaching.

The Council must ensure that the Board of Directors includes at least two individuals whose primary professional activity is the practice of naturopathic medicine.

A member's term begins at the conclusion of the annual or semiannual meeting at which the member is elected and ends at the conclusion of the annual or semiannual meeting three years later.

Before attending their first Council meeting as members, new members participate in a period of training and orientation overseen by the Council's executive director.

Members of the Council agree to:

1. Support the mission and objectives of the Council;
2. Be well informed on the Council's articles of incorporation, bylaws, eligibility requirements, accreditation standards, policies and procedures;
3. Ensure that the Council's activities remain in accord with its governing documents and the *Handbook of Accreditation*;
4. Remain mindful of the constituencies the Council serves: the public, naturopathic medicine programs and their students, and the naturopathic medical profession; and
5. Attend the meetings of the Council.

## ■ Policy 2: Potential Conflicts of Interest

The decisions of the Council are to be made solely on the basis of promoting the best interests of the public and naturopathic medical education in the United States and Canada. It is therefore the policy of the Council to have effective controls against conflicts of interest and the appearance of conflicts of interest by Council members, evaluation team members, consultants, staff and other Council representatives by strictly adhering to these guidelines:

- Whenever the Council enters into a hearing concerning an eligibility application or a recognition action related to a naturopathic medicine program, and a Council member is affiliated with the program, then that member:
  - a. Shall disclose prior to the Council's discussion of the program's application or recognition action the nature of his or her affiliation with the program; and
  - b. Shall not be present during discussion of and voting on the program's application or recognition action.
- No member of an evaluation team or of a visiting committee, or any Council representative accompanying a visiting team or committee, may be affiliated with the program being visited.
- The Council's executive director, any other administrator, or any consultant engaged by the Council may not be affiliated with an institutional member or an applicant for candidacy or accreditation.
- For the purposes of this policy, a person is "affiliated" with a naturopathic medicine program if he or she, or a member of his or her immediate family (spouse, parent, child, brother, or sister):
  1. Is currently—or during the last seven years has been—an officer, director, trustee, employee, contractor, or consultant of the institution where the naturopathic medicine program is located;
  2. Has been a student in the naturopathic medicine program within the last three years; or
  3. Has had during the last seven years other dealings with the institution at which the program is located from which he or she has or will receive cash or property.
- If for any other reason a Council member believes he or she has a conflict of interest or the appearance of one with regard to any program's application or recognition action before the Council, or otherwise believes that he or she cannot make an impartial decision in regard to these matters, the member shall declare the conflict or the appearance of one.
- If a representative of a naturopathic medicine program that has an application or recognition action before the Council has reason to believe a member may have a conflict of interest or the appearance of one, or if any other members or the Council's executive director may so believe, and if that member does not declare the conflict or the appearance of one, a request may be made that the Council consider the matter. Discussion of the possible conflict of interest or the appearance of one shall take place with all parties present and shall be resolved if necessary by a majority vote as decided by ballot, with all Council members entitled to vote.

### ■ Policy 3: Appeals

The Council on Naturopathic Medical Education affords due process to naturopathic medicine programs by allowing programs affected by certain adverse actions (see below) to appeal the Council's action to an independent Appeal Board. Within ten business days of such action, the Council sends a notice by certified mail to the chief administrative officer of the affected program. The notice states the adverse action and describes with particularity the basis of the action; included with the notice is a copy of this Policy on Appeals. A program that wishes to file a letter of appeal to an adverse action must do so within 30 days of having received notice of the action from the Council.

An appellant program may be represented by legal counsel throughout the appeal process; however, this is not a formal judicial process and the attendant procedures and rules of a formal judicial process do not apply.

The accreditation or candidacy status of an appellant program automatically remains in effect until the expiration of the period within which the appellant program may file a letter of appeal, or until the completion of the appeals process, whichever shall later occur.

#### **Appealable Adverse Actions**

A naturopathic medicine program may appeal any of the following adverse actions within 30 days of having received notice of the action from the executive director.

1. The denial, withdrawal, revocation, suspension or termination of candidacy; or
2. The denial, withdrawal, revocation, suspension or termination of accreditation.

#### **Basis for an Appeal**

It is the responsibility of the program to substantiate one or more of the following as the basis for appeal:

1. There were errors or omissions in carrying out prescribed procedures on the part of the evaluation team or the Council;
2. There was demonstrable bias or prejudice on the part of one or more members of the evaluation team or the Council's Board of Directors that significantly affected the decision;
3. The evidence before the Council at the time of the decision was materially in error; or
4. The decision of the Council was not adequately supported by the facts before it at the time, or it was contrary to the substantial weight of evidence before the Council.

In its letter of appeal, the naturopathic medicine program must set forth in detail the grounds for the appeal, stating with specificity the reasons why the program believes those grounds exist. The program must indicate whether or not it wishes to present testimony and/or evidence at the hearing and may provide documentary evidence to support its position at this time.

#### **Appointment of the Appeal Board and Scheduling of the Hearing**

Upon receipt of an appeal letter, the executive director notifies the president, who appoints a three-person Appeal Board that includes a naturopathic educator and practitioner. No member of the Appeal Board may be a member of the Council, be affiliated (as defined in the CNME "Policy on Potential Conflicts of Interest") with an institutional member, be affiliated with the appellant program, or have served on an evaluation team to the appellant program. Appointments are made from the field of higher education, including academic and administrative personnel, and from the field of naturopathic medicine.

The executive director, in consultation with the appellant program, establishes a date, time and place for a meeting of the Appeal Board at least 21 days in advance of the meeting, and notifies in writing the parties concerned. At least five calendar days before the meeting, the program provides the executive director with

all documentary evidence and with the names and positions of any witnesses it plans to have in attendance; the executive director, in turn, communicates this information to the chair of the Appeal Board.

### **Role of the Appeal Board**

In carrying out their duties, the members of the Appeal Board:

1. Select a member to serve as chair;
2. Meet at the time and place designated by the executive director to consider the appeal.
3. Provide for a hearing if the appellant has so requested;
4. Consider the grounds for the appeal as stated by the appellant program;
5. Study the evidence submitted in writing by the program in support of its appeal;
6. Consider the report of the evaluation team, Council reports and decision letters, the program's response, and any other supporting or relevant statements and documents;
7. Compare the Council's policies and procedures with the procedures followed in arriving at the adverse action;
8. Prepare a report of the meeting of the Appeal Board, including the final decision of the Appeal Board, within ten calendar days after the meeting; and
9. Forward the record of the Appeal Board's meeting and the decision of the Appeal Board to the Council's executive director, including a summary report of the Appeal Board's meeting, the appeal documents filed by the program, and other statements and documents considered by the Appeal Board.

### **Hearing Procedures**

1. If the appellant has requested an opportunity to appear, the chair of the Appeal Board presides at the hearing. The chair ensures that all participants have a reasonable opportunity to be heard and to present all relevant oral and written evidence.
2. Technical rules of evidence do not apply to the hearing, and the chair of the Appeal Board may limit the evidence to avoid undue repetition and to ensure relevance. The chair rules on all questions pertaining to the conduct of the hearing.
3. Each party—the Council and the appellant—has the right to be represented by counsel or an authorized spokesperson, to examine the witnesses of the other party, and to present oral or written evidence.
4. The hearing is conducted in closed session with only necessary participants present. A secretary, selected by the Appeal Board from outside its ranks, records the hearing minutes; however, at the election of either party and at that party's expense, a court reporter may be hired to prepare a record of the hearing.
5. As the proceeding before the Appeal Board is appellate in nature and is therefore limited to the existing record from previous proceedings, no discovery shall be permitted for either side and no evidence not already properly in the record on appeal shall be accepted, provided that the parties may offer witnesses for the limited purpose of elucidating the meaning of evidence properly before the Appeal Board. Notwithstanding this policy, before a final adverse action based solely upon a failure to meet a standard or criterion pertaining to finances is issued, the program may on one occasion seek review of significant financial information that was unavailable to the institution or program prior to the determination of the adverse action, and that bears materially on the financial deficiencies identified by the Council. Such information shall be considered by the Appeal Board prior to rendering a decision. Any determination by the Council or the Appeal Board made with respect to the newly presented financial information shall not be separately appealable by the institution or program.

## Decisions of the Appeal Board

The Appeal Board may issue a final decision that an adverse action be affirmed, reversed or modified—which decision is binding on the Council. After arriving at its final decision, the Appeal Board shall remand the decision to the Council for further action consistent with the decision of the Appeal Board.

Should an appellant program believe that the Council has not correctly carried out the final decision of the Appeal Board, the appellant program may present this issue to the Appeal Board, which issue shall be appealable to the same Appeal Board; the Appeal Board in this circumstance shall retain jurisdiction for the limited purpose of determining whether its decision on remand has been correctly carried out and, if not, to provide further instruction to the Council.

## Costs of an Appeal

A program's appeal letter to the Council shall be accompanied by a deposit of \$6,000 (U.S. funds) to cover travel, lodging, and other necessary expenses of the Appeal Board and the Council. The expenses of the appeals process will be handled as follows:

1. If the Appeal Board affirms the adverse action of the Council, the appellant bears all of the expenses of the members of the Appeal Board and all of the Council's expenses related to the appeal.
2. If the Appeal Board remands the matter to the Council with the instruction that the adverse action be reversed or modified, the costs of the appeal are equally borne by the appellant and the Council.
3. Following the completion of the appeals process, the Council's executive director prepares for the appellant a detailed statement of all expenses. The appellant is obligated to pay any expenses that exceed its deposit, and any unused portion of the appellant's deposit shall be refunded.

## ■ Policy 4: Formal Complaints against CNME-Recognized Programs or the Council

As an accrediting body, the Council on Naturopathic Medical Education is concerned primarily with the performance, improvement, and sustained effectiveness of naturopathic medicine programs. In general, the Council does not intervene in the internal procedures of programs or their institutions, nor does the Council serve as an adjudicatory or grievance-resolving body for individuals or groups. The Council will, however, review a formal, written signed complaint against a CNME-accredited or candidate program, provided that the complaint (i) is adequately documented, (ii) indicates a lack of compliance with a specific section or sections of the Council's eligibility requirements, accreditation standards or policies, and (iii) does not pertain to facts or circumstances that transpired more than four years prior to the submission of the complaint.

While the Council will not investigate anonymous complaints, it will withhold the name of a complainant from the program if the complainant is in an ongoing relationship or other problematic circumstance that may entail the possibility of retribution or other adverse consequences. If a complainant is concerned about the possibility of retribution or some other adverse consequence if his or her name is revealed, then he or she should discuss this matter with the CNME executive director. Except where required by law or necessary to prevent imminent harm to an individual, the CNME will not reveal the name of a complainant if he or she believes that there may be retribution or other adverse consequences. If the CNME believes that a complaint cannot be properly investigated if a complainant's name is kept confidential, then CNME has the discretion not to investigate the complaint.

Accredited and candidate programs are required to make available to students the Council's mailing address and telephone number, and to provide access to the Council's *Handbook of Accreditation* through an administrative office or the library.

If litigation is initiated over the same issue brought to the Council by a complainant, the Council will review the matter but will defer action pending the outcome of litigation unless it finds evidence to indicate serious non-compliance with an eligibility requirement, accreditation standard, and/or policy. In such a case, the Council's procedures for handling complaints against institutional members are implemented.

## **A Complaint against a CNME-Recognized Program**

The following are the procedures the Council follows in addressing a complaint against a CNME-recognized program:

1. When an oral complaint against an accredited or candidate program is received, the complainant is provided a copy of this policy statement and advised that complaints must be submitted to the Council's executive director in writing with sufficient documentation to substantiate the complaint.
2. When a written complaint against an accredited or candidate program is received, the executive director acknowledges receipt of the complaint in writing within ten business days.
3. The executive director analyzes the complaint to determine whether the complaint: (i) is adequately documented, (ii) indicates non-compliance with a specific section or sections of the Council's eligibility requirements, accreditation standards, or policies and (iii) if applicable to the specific complaint, has been previously submitted to the program (or institution) and has been reviewed by the program (or institution) in accordance with its grievance and/or appeals process.
4. The executive director notifies the complainant in writing within 30 days if documentation is inadequate or the complaint does not indicate non-compliance with the Council's eligibility requirements, standards, or policies. Depending on the nature of the complaint, if the program's or institution's grievance and appeals procedures have not been utilized, the executive director advises the complainant to seek resolution through this process first.
5. When a complaint indicating non-compliance with the Council's eligibility requirements, standards, or policies is adequately documented—or a pattern or practice of non-compliance appears to be present when considering past complaints received against the program—the Council's executive director sends written notification that a complaint has been filed to the chief administrative officer of the program; the written notification either provides a report on the substance of the complaint or a copy of the actual complaint, and requests a written response to the complaint within 30 days.
6. When the response from the chief administrative officer is received, the executive director, in consultation with the CNME president, appoints a Complaint Review Committee consisting of three Council members to review the documentation provided by the complainant and by the program.
7. The Complaint Review Committee may take one or more of the following actions, or such other actions are consistent with due process and the Council policies and procedures:
  - a. Dismiss the complaint for lack of grounds;
  - b. Request additional information/documentation from the complainant and/or program.
  - c. Hold a hearing via conference call or in person with the complainant and program representatives to try to resolve the complaint in a way satisfactory to both parties;
  - d. Make recommendations binding on the program, based on the written record and/or information received during the hearing, to ensure compliance with the Council's eligibility requirements, standards, and policies;
  - e. Require a focused visit to the program by an ad hoc committee of the Council to review the matter cited in the complaint and adopt recommendations, if warranted based on the findings of the committee, for correcting the situation; and/or
  - f. Refer the matter to the full Council for review.
8. Generally, complaints are processed and resolved within a 6-month period. The executive director sends a written report of the Complaint Review Committee's action (or the Council's action, if the matter is referred to the Council) on the complaint to the complainant and the program within ten business days of the meeting at which the action was taken. This report constitutes the Council's final action with regard to the complaint and may not be appealed.



## **A Complaint against the Council**

A complaint made against the Council itself must be submitted in writing with supporting documentation to the Council's executive director. The complaint must be related to the Council's standards or other evaluative criteria, or its policies and procedures. Within 15 days of submission, the executive director acknowledges receipt of the complaint and refers it to the Council's officers for review. Within 30 days from receipt of the complaint by the executive director, the Council's executive committee reviews the complaint. Within an additional 15 days, the president of the Council, on behalf of the committee, issues a written response to the complainant. A complainant who considers the response inadequate may request to have the complaint reviewed by the full Council during one of the Council's next two regularly scheduled meetings; in this case, the complainant must contact the Council's executive director to request a hearing at least 30 days prior to the Council meeting that he/she wishes the complaint to be reviewed. During the hearing at which the complaint is reviewed, the complainant and the Council are entitled to representation and may call witnesses. At the conclusion of the hearing, the Council enters into closed session with only board members present to take action on the complaint. The action of the Council is a final decision. Both the complainant and the Council bear their own expenses.

If, at any time, a complainant initiates legal action against the Council, the above procedures are no longer in effect and the Council takes no action to review the complaint pending legal resolution.

## **■ Policy 5: Representation of a Program's Relationship with the Council**

The Council requires CNME-accredited and candidate naturopathic medicine programs, as well as programs seeking candidacy, to honestly and responsibly represent their association with the Council orally and in writing. To this end, the Council requires programs to adhere carefully to the following practices:

1. No statement will be made by a program about its possible future status with the Council if that status has not yet been confirmed by action of the Council. For example, no statement of the following nature may be made:  
“(Name of program) has applied for candidacy status (or accreditation) by the Council on Naturopathic Medical Education and is currently being evaluated. It is expected that candidacy (or accreditation) will be granted in the near future.”
1. The program may refer to itself as being a “candidate” program or “accredited” only after either status has been conferred by the Council.
2. If a program's eligibility application has been accepted by the Council, the program may describe its status with the Council as being an “applicant for candidacy.” Since a program has no official recognition by the Council during the time period that it is an applicant for candidacy, the program must make sure that its representations do not imply that the program is currently recognized by the Council or will achieve recognition (see #6 below).
4. Any reference to state approval, by whatever name, must be limited to a brief, explicit statement of the exact charter, incorporation, license, or registration held by the program or its institution.
5. An accredited program may not describe itself as “fully accredited,” since the Council does not grant partial accreditation; the correct terminology is “accredited.”
6. In representing its association with the Council in publications, the program will use a brief and accurate statement that includes the Council's address and telephone number, as follows:
  - In the case of the Council's acceptance of a program's eligibility application: “(Name of program) had its eligibility application accepted by the Council on Naturopathic Medical Education, a professional accrediting agency for naturopathic medicine programs, on (date). The Council's acceptance of the application means that the program is authorized to proceed with its candidacy self-study process and to schedule an on-site evaluation. However, the acceptance of the application does not assure eventual candidacy or mean that the program is formally recognized by the Council. For information, contact: CNME, PO Box 178, Great Barrington, MA 01230; (413) 528-8877.”

- In the case of the Council granting candidacy status to a program: “(Name of program) was granted candidacy status by the Council on Naturopathic Medical Education, a professional accrediting agency for naturopathic medicine programs, on (date). Candidacy is not equivalent to accreditation and does not ensure eventual accreditation; however, it signifies that the naturopathic medicine program is recognized by the Council and is progressing toward accreditation. For information, contact: CNME, PO Box 178, Great Barrington, MA 01230; (413) 528-8877.”
  - In the case of the Council granting accreditation to a program: “(Name of program) is accredited by the Council on Naturopathic Medical Education, a professional accrediting agency for naturopathic medicine programs. For information, contact: CNME, PO Box 178, Great Barrington, MA 01230; (413) 528-8877.”
7. Accreditation is granted to a naturopathic medicine program as a whole and not to individual units, courses, or degrees. Therefore statements such as “this course is accredited” or “this degree is accredited” are incorrect and must be avoided.
  8. A program avoids any published notice or statements that would indicate or might imply that a substantive change planned by the program but not yet formally approved by the Council is already recognized by the Council. Published notices or statements made after the program’s decision to implement a substantive change and before its formal approval explicitly indicate that the change is not included in the program’s accreditation or candidacy. Additionally, the program clearly indicates to prospective students that a planned substantive change is not included in the program’s accreditation or candidacy. Published information may have an accompanying statement, if such is the case, that the program “has applied to the Council to implement the substantive change” and that the Council “has not yet approved the application.” The Council’s name, address and telephone number are printed with the statement.

A program’s ability to abide by these principles of good practice in its public representations is considered by the Council as an indication of the program’s integrity as an educational entity.

If a program, as determined by the Council or its president, releases incorrect or misleading information about its accreditation, candidacy, or applicant status with the Council, or about any recognition action, the Council notifies the program to immediately provide for the public correction of the information, or the Council so provides.

### ■ Policy 6: Maintaining a Record of Student Complaints

In accordance with the Council’s Accreditation Standard V (Student Services), accredited and candidate programs are required to publish policies and procedures for addressing student complaints and grievances, and to review and respond in a timely manner to student complaints submitted in accordance with the published policies and procedures.

In accordance with the Council’s Accreditation Standard V (Student Services), accredited and candidate programs are required to maintain a complete record of formal student complaints and grievances, dating back at least three years or to the time of the Council’s last comprehensive evaluation visit, whichever is longer, and to make the record available to the Council’s evaluators during any on-site evaluation visit or at such other times as the Council may request. The record includes the complaints filed and a description of the actions taken to resolve them.

During a comprehensive visit, an on-site team shall review student grievances and complaints contained in the program’s complaint record to determine the adequacy and appropriateness of the program’s response in light of the program’s written procedures. The Council may also conduct such a review at any other times as it may deem necessary.

## ■ Policy 7: Public Comments

### Regarding Council Actions on Candidacy and Accreditation

In accordance with U.S. Department of Education requirements, the Council on Naturopathic Medical Education invites public comment whenever the Council has scheduled a hearing and plans to take action on a program's recognition status: namely, whenever the Council reviews a program for initial candidacy, initial accreditation, or reaffirmation of accreditation. The Council provides for a public-comment period of at least 21 days' duration before the meeting at which the hearing is scheduled. A notice is posted on the Council's website that the Council will consider the candidacy or accreditation status of a program and that public comment is invited. The notice is sent at least 40 days in advance of the Council's meeting to:

- The appropriate state post-secondary agencies
- Recognized accreditors that have had experience with the program or its institution
- National, state and provincial associations of licensed naturopathic physicians
- State boards and agencies that license naturopathic physicians or have responsibilities for ensuring the high quality of health services available to the public
- The chief administrative officers of naturopathic medicine programs affiliated with the Council
- North American Board of Naturopathic Examiners
- Any other agency, organization, or individual who has requested in writing an opportunity to offer comment on a program's qualifications for candidacy or accreditation.

The Council's official public-comment notice contains the name of the program, the accreditation action before the Council, the date of the Council meeting, and the date for the ending of the public-comment period (which is at least 15 days before the Council's meeting). Additionally, a program is required to publicize to its students, faculty and staff the opportunity to provide public comment to the Council, using the Council's official public comment notice—a copy of which the executive director provides to the program.

An individual who wishes to submit a comment to the Council must provide to the Council his/her name and organizational affiliation or relationship to the program. The executive director of the Council provides the Council's Board of Directors with copies and a summary report of the comments received, and the Council considers the comments—together with all other documentation and testimony received—before taking action.

The institution's president may also request a copy of the public comments on the program by submitting a request in writing to the Council; should the institution make such a request, the Council will provide a copy of the comments to the program as follows:

- If the commenter is not affiliated with the program, the Council will provide the commenter's organizational affiliation and name.
- If the commenter is affiliated with the program (e.g., as a student, faculty member, staff member, graduate, etc.), the Council will indicate the commenter's affiliation, but will not provide the name of the commenter or any other information that might allow for identification of the individual.

### Regarding Proposed Revisions to the Council's Eligibility Requirements, Standards and Policies

Before considering a revision to its eligibility requirements, accreditation standards, or policies that pertain directly to affiliated programs at a scheduled meeting of the Council, the Council provides for a public-comment period of at least 21 days' duration. Notice that the Council will be considering a revision in its criteria will be sent at least 40 days before the meeting to:

- The chief administrative officer of each program that is affiliated with the Council, or that has submitted an eligibility application or has had an application accepted
- National, state and provincial associations of licensed naturopathic physicians

- North American Board of Naturopathic Examiners
- State and provincial post-secondary educational agencies in those states and provinces where accredited, candidate, or applicant naturopathic medicine programs are located
- State boards and agencies that license naturopathic physicians or have responsibilities for ensuring the high quality of health services available to the public
- Any other agency, organization, or individual who has requested in writing to be informed of proposed changes in the Council’s criteria.

The notice contains a description and/or the text of the revision under consideration (or information on how to access the revised materials) and the date for the ending of the public-comment period, which is at least 15 days before the Council’s meeting. A notice of the public-comment period is also posted on the Council’s website. The executive director provides Council members with copies and a summary report of the comments received, and the Council considers the comments before taking action.

## ■ Policy 8: Teach-out Agreements

### Introduction

If a CNME-accredited or candidate program is closed—or the entire institution has ceased or will cease operation—the institution offering the program must consider the following options:

- The institution no longer admits new students to the ND program, teaches out currently enrolled naturopathic medical students, and terminates the program after the remaining students have completed the program. Such a teach-out plan requires Council approval pursuant to this policy.
- The institution enters into an agreement with another higher education institution to teach out the ND program. Such a teach-out plan and agreement require Council approval pursuant to this policy.

### Circumstances under Which a Teach-out Plan Must Be Submitted

A CNME-accredited or candidate ND program is required to submit a teach-out plan to the Council no later than 30 days following the occurrence of any of the following events:

- The Council is notified by the U.S. Department of Education of an action against the institution pursuant to Section 487(f) of the Higher Education Act;
- The Council withdraws, terminates or suspends the candidacy or accreditation of the program; or
- The institution, program or some other entity notifies the Council that the institution has ceased or intends to cease operations of the program or the entire institution.

### Procedures for Reviewing a Teach-out Plan

At least 30 days prior to the Council meeting at which the program’s teach-out plan and any associated teach-out agreement is to reviewed, the institution submits to the Council’s executive director a copy of the teach-out plan and any supporting documentation. These materials must demonstrate that the proposed teach-out plan:

1. Is consistent with governmental laws and regulations, the Council’s accreditation standards and policies, and the definitions and provisions contained in this policy.
2. Provides for the equitable treatment of students by ensuring:
  - a. That students receive instruction comparable to the instruction originally promised by the closing program at the same cost that students at the teach-out institution pay;
  - b. That students are provided assistance in relocating to the geographical area of the teach-out institution; and
  - c. That the teach-out program has a structure and schedule reasonably compatible to that of the closed program.

## Definitions

For the purposes of this policy, the following definitions apply:

- “Teach-out plan” means a written plan developed by an institution that provides for the equitable treatment of naturopathic medical students if an institution, or an institutional location that provides one hundred percent of the ND program, ceases to operate before all students have completed their program of study. The plan may include, if required by the Council or the institutional accrediting agency of the institution, a teach-out agreement between institutions.
- “Teach-out agreement” means a written agreement between institutions that provides for the equitable treatment of naturopathic medical students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of the ND program offered, ceases to operate before all enrolled students have completed their program of study.

### ■ Policy 9: Reporting Information to the U.S. Secretary of Education

The Council on Naturopathic Medical Education cooperates with the U.S. Secretary of Education by submitting any information required by law or regulation. The Council will respond to inquiries from the U.S. Secretary of Education (or his/her designate) as appropriate under existing laws and regulations.

### ■ Policy 10: Confidentiality and Retention of Council Records

The Council treats as confidential the following materials:

- Eligibility applications;
- Self-study reports for candidacy and accreditation, interim reports, and progress reports;
- Evaluation team reports and other reports of visiting representatives of the Council;
- Program responses to evaluation team reports and other reports;
- Correspondence to and from the program related to the program’s candidacy and accreditation;
- Annual reports; and
- Substantive change reports.

The Council makes confidential records for each accredited and candidate program available for review by members of the Council’s Board of Directors and by accrediting agency evaluation personnel with the U.S. Department of Education. In cases where a program evaluated by the Council is part of an institution that has accreditation or pre-accreditation from a recognized institutional accreditor, or if the institution is in the process of applying to a recognized institutional accreditor, the Council may share the self-study report and evaluation team report with the institutional accreditor, which also treats the reports as confidential. The Council may also provide access to confidential materials if required to do so as part of a legal action.

For each program’s last two comprehensive reviews, the Council maintains the following records: (1) the program’s self-study reports, (2) the Council’s on-site evaluation reports, and (3) the program’s responses to the evaluation reports. The Council also maintains the following records on each program dating back to the Council’s second-to-last comprehensive review (1) all of the annual reports submitted by the program, (2) any interim reports, progress reports, and substantive change reports submitted by the program, (3) any interim or focused evaluation team reports and the program’s responses, and (4) any reports or materials generated as a result of a special review.

The Council also maintains throughout a program’s affiliation with the Council the following records: (1) all decisions regarding accreditation and candidacy, including correspondence that is significantly related to those decisions; (2) decisions and correspondence related to substantive changes; and (3) a complete and accurate chronological record of all its decisions regarding candidacy and accreditation of a program.

## ■ Policy 11: Branch Campuses

- A. For purposes of this policy, a branch campus is an operationally separate unit from the parent institution that typically: (a) is under the general control of the governing board and central administration of a parent institution; (b) has a distinct core faculty, a separate student body, and a resident administration; and (c) serves as a location for 50 percent or more of the ND program curriculum. The Council reserves the right to interpret its definition of branch campus.
- B. A CNME-accredited ND program that intends to offer an ND program at a branch campus location is required to submit a detailed and thorough substantive change application to the Council at least one year prior to the anticipated start date of the program (see the Substantive Change section under Part Three of the *Handbook* and section G below for an outline of the information and materials to include in a substantive change application). The application will be initially reviewed within two months of receipt by a substantive change committee with authority to either (i) request additional information, or (ii) refer the application to the Council for review and approval. In the event that the application is referred to the Council, representatives of the ND program will be invited to appear at a hearing before the Council at the Council's next regularly scheduled meeting that is at least 30 days away. The program may not market or start the ND program at the branch campus unless and until the Council approves the substantive change application. An ND program with CNME candidacy status may not offer an ND program at a branch campus location.
- C. The Council may (i) approve the substantive change application to offer the ND program at a branch campus (with or without specified conditions), (ii) require additional information and/or a visit to the proposed branch campus, or (iii) deny the application. If the substantive change application is approved by the Council, then the accreditation status of the ND program offered at the parent campus will be extended to the branch campus ND program. If the substantive change application is denied by the Council, the program must wait at least one year before resubmitting a new application.
- D. Within six to twelve months after initiation of the program at the branch campus, a CNME evaluation team will conduct an onsite review of the program and submit a report to the Council. At least 45 days prior to the onsite review, the program is required to submit a detailed progress report that contains an update of the information presented in the original substantive change application to include actions proposed or taken to address any conditions for approval cited by the Council. Depending on when the next evaluation visit to the ND program at the parent campus is scheduled, the Council has the discretion to combine the branch campus review process with the process for reaffirmation of accreditation. The Council may also schedule a focused visit to the branch campus after students are enrolled in all four years of the program to observe the program in full operation.
- E. At the next regular Council meeting following submission of the evaluation team report, the Council will conduct a hearing on the branch campus program with representatives of the parent institution and the branch campus.
- F. An ND program not previously granted accreditation or candidacy status by the Council that merges, affiliates with, or otherwise comes under the control of an accredited ND program has no CNME status if offered at a branch campus. These programs are expected to seek CNME candidacy and accreditation through the usual procedures, even if the accredited ND program intends to operate the unaffiliated program as a branch campus. Once the ND program is granted CNME accreditation, it will subsequently be regulated by the CNME as a branch campus in accordance with this policy.
- G. When the ND program offered at a branch campus is governed by a single governing board with administrative oversight by a central system administration, the ND program must obtain and provide to the Council from the parent institution, with its applications and reports, the following:

- Evidence of state/provincial legal authorization and, if applicable, institutional accreditor authorization to offer the ND program at the branch campus;
  - A complete description of the governing board and its policies, procedures and protocols for the oversight of the ND program;
  - A comprehensive explanation of relationships with and delegation of authority of the parent institution over the ND program at the branch campus;
  - Identification of system-wide groups, their organization and function. Such groups might include chief institutional administrators as well as groups representing faculty, students, and alumni;
  - A detailed outline of the budget process and resources devoted to the ND program at the branch campus;
  - Student enrollment information for the branch campus;
  - A complete description of both the curriculum to be offered and the procedures for the development and approval of academic policy and practice at the branch campus, noting any areas where they may differ from those of the parent institution;
  - A comprehensive assessment of the effectiveness of the parent institution’s academic program review process, particularly as this applies to ensuring quality education at the branch campus;
  - A comprehensive assessment of the effectiveness of the ND program at the branch campus in meeting the mission, goals, objectives and outcomes expected of the ND program offered at the parent institution;
  - A faculty roster for the branch campus that includes faculty qualifications, and designates faculty as either full- or part-time.
- H. Generally, an ND program offered at a branch campus undergoes reaffirmation of accreditation on the same cycle as the parent campus program. The ND program at the branch campus must include in its self-study interim, annual, and other reports and information that provide both an appraisal of its identity as a distinct ND program under the auspices of a parent campus, and the effect of system-wide policies in achieving institutional and programmatic mission, goals, objectives and outcomes. Distinct features of the branch campus must be described and appraised in the self-study report, including the faculty cohort, clinical training sites, and the student body. The Council reserves the right, however, to place the branch campus program on a different accreditation and onsite visit cycle if circumstances associated with the branch campus or parent campus so warrant. Additionally, the Council reserves the right—in accordance with its policies—to take a separate accreditation action in regard to a program offered at either a parent campus or a branch campus.
- I. Programs not classified as being offered at a branch campus location by the Council are included in the Council’s assessment of the parent institution, regardless of location.

### ■ Policy 12: Defining Canadian Licensing

For the purposes of membership on the Council’s Board of Directors and participation on an evaluation team, registration as a naturopathic doctor/practitioner in a Canadian province is considered the equivalent of licensure as a naturopathic doctor/physician in the United States.

### ■ Policy 13: Donations

The mission of the Council on Naturopathic Medical Education is to ensure the high quality of naturopathic medical education in the United States and Canada through the voluntary accreditation of naturopathic medicine programs. The Council welcomes donations from organizations and individuals wishing to support this mission. The Council reserves the right, however, to refuse any donation that Council members or the executive director believe could potentially compromise the Council’s mission or be construed as presenting a conflict of interest.

### ■ Policy 14: Nominating Institutional Member Representatives

1. Nominations for the three institutional member representative seats on the Council's Board of Directors are submitted to the Council by the chief executive officer (e.g., president) of a free-standing, single-purpose naturopathic medical institution that offers a CNME-accredited program, or by the chief administrator (e.g., a dean) of an accredited program within a multipurpose institution. Nominees should be drawn from either the academic administration or faculty of the naturopathic medicine program, and should have knowledge pertaining to the accreditation process for naturopathic medicine programs.
2. Nominations are submitted on a rotational basis according to the rotation schedule initially established by the Council and maintained by the executive director. When the Council grants initial accreditation to a program, the newly accredited program shall be added to the rotation schedule immediately following the program whose representative's term most recently expired.
3. If an institutional member representative leaves the Board of Directors before the representative's term expires, the chief executive or administrative officer for that same program nominates a person to fill the vacancy. If a replacement is not nominated within five months from the time the previous representative left, the next program in the rotation schedule shall be requested to submit a nomination; in this case, the nominee is eligible for election for the remainder of the previous term *and* a subsequent three-year term.
4. Nomination of a person to serve as an institutional member representative is submitted in writing to the Council's executive director at least 30 days before the meeting at which the nominee will be considered for election. Enclosed with the nominating letter is the nominee's résumé. The executive director distributes the letter and résumé to the members of the Council's Board of Directors before their meeting.

### ■ Policy 15: Immediate Past President

Upon completion of his or her term in office, the president of the Council shall assume the honorific title "immediate past president" for the duration of his or her successor's term in office. The president may assign such responsibilities to the immediate past president as are consistent with Board bylaws and policies, including chairing or serving on committees and task forces. Unless his or her term as a Board member has not yet ended, the immediate past president is not considered a member of the Board of Directors and the position does not confer voting privileges on the Board.

### ■ Policy 16: The President-Elect

In order to facilitate an orderly transition in the leadership of the Council, the Board of Directors may elect from among its members a "president-elect." The Board of Directors may elect the president-elect at either an annual or semi-annual meeting within one year preceding the completion of the current president's final term in office, and the president-elect shall succeed the president immediately upon completion of his or her term in office. The president may delegate to the president-elect such functions as are compatible with the functions of the president and other officers, and may appoint the president-elect to serve on any committee. The president-elect shall serve as an ex officio member of the Executive Committee; however, he or she shall not be considered an officer of the Council.

### ■ Policy 17: Distribution of Program Reports

#### Self-Study, Interim, Focused and Progress Reports

- The program is required to send to the CNME office one complete hardcopy and one electronic version (e.g., a CD) of the required report, including all of the appendices.
- Evaluation team members and Council members assigned to review reports have the option of receiving a hardcopy or an electronic version of the report, or both.
- All other board members receive an electronic version of any report.



## Annual Reports

- The program is required to send to the CNME office two complete hardcopies and one electronic version (i.e., a CD) of the annual report.
- Council members assigned as primary reviewers of an annual report have the option of receiving a hardcopy or an electronic version, or both.
- All other board members receive an electronic version.

The program is responsible for mailing/emailing reports to individuals in whatever format is required when necessary, as directed by the Council; the Council will provide the names and contact information of recipients.

## ■ Policy 18: Enforcement of Standards

1. Whenever the Council determines that a program is not in compliance with an accreditation standard or section of a standard, the Council shall either:
  - a. Immediately initiate adverse action against the program (i.e., denial, withdrawal, suspension, revocation, or termination of accreditation or candidacy, or any comparable action); or
  - b. Require the program to take appropriate corrective action to bring itself into compliance with the accreditation standard, or section of a standard, within a time period specified by the Council that does not exceed two years in length from the date when the Council made its determination.
2. If the program does not bring itself into compliance within the time period specified by the Council, the Council shall either:
  - a. Take immediate adverse action; or
  - b. Extend for “good cause” the period of time provided for achieving compliance. To be eligible for an extension for “good cause,” the program must comply with the four conditions for “good cause” listed in Section 3 below. Such extensions are granted only for limited periods of time, as specified in Section 4 below.
3. The Council may grant an extension for “good cause” if:
  - a. The nature of the non-compliance issue is such that it might require additional time to fully address (e.g., restoring institutional financial stability);
  - b. The program has demonstrated significant recent progress in addressing the noncompliance issue (e.g., the institution’s cumulative operating deficit has been reduced significantly);
  - c. The program provides reasonable evidence that it will remedy the noncompliance issue within the extended time period specified by the Council; and
  - d. The program/institution provides assurance to the Council that it is not aware of any reasons or circumstances not known by the Council that would prevent the program from achieving compliance if granted additional time to address the noncompliance issue.
4. The Council may extend for “good cause” the time period granted to the program to remedy the noncompliance issue for a maximum of six months at a time, not to exceed a total of one additional year. If the Council extends the time period for “good cause,” the Council may, during the extension period, (i) apply a sanction against the program/institution or continue an existing sanction (i.e., letter of advisement, probation, or show cause), and/or (ii) require the program to host an onsite evaluation visit. At the conclusion of the first six-month extension period, the program must appear before the Council to provide further evidence if it seeks a second and final six-month extension period for good cause to remedy the noncompliance issue.
5. In the event that a program fails to remedy a noncompliance issue within the extended time period specified by the Council, the Council shall immediately apply a show cause sanction.
6. The Council shall inform the program of this policy whenever the Council notifies a program of a Council finding of noncompliance.

## PART SEVEN: Appendices

### Appendix 1: Articles of Incorporation

WE, THE UNDERSIGNED natural persons of the age of twenty-one years or more, acting as incorporators of a corporation, adopt the following Articles of Incorporation for such corporation pursuant to the District of Columbia Non-profit Corporation Act:

#### First

The name of the Corporation is Council on Naturopathic Medical Education, Inc.

#### Second

The Corporation is to have perpetual existence.

#### Third

This Corporation is an organization which is not formed for pecuniary profit, and no part of the revenue or income of the Corporation shall inure to the benefit of any member thereof or to any individual or be applied or used for any purpose other than to further the objects and purposes of the Corporation, which are as follows:

- (a) To advocate high standards in naturopathic medical education;
- (b) To establish criteria of institutional and program excellence in naturopathic medical education;
- (c) To evaluate and accredit colleges of naturopathic medicine, and naturopathic medical programs within multi-purpose institutions;
- (d) To publish lists of those naturopathic medical colleges and programs which conform to its standards and policies;
- (e) To buy, sell, acquire, hold, own, dispose of, convey, mortgage, pledge, lease, assign, transfer, trade, and deal in and with all kinds of personal property, franchises, privileges, rights, goods, wares, and merchandise of every kind, nature and description;
- (f) To buy, sell convey, lease, let, mortgage, exchange, or otherwise acquire or dispose of lands, lots, houses, buildings and real property,

hereditaments and appurtenances of all kinds and wherever situated, and of any interest and rights therein, without limit as to amount;

- (g) To acquire by purchase, subscription, or otherwise, and to own, hold, sell, negotiate, assign, deal in, exchange, transfer, mortgage, pledge, or otherwise dispose of, any shares or capital stock, scrip, bonds, mortgage, securities, or evidence of indebtedness, issued or created by any other corporation, joint stock company or association, public or private, or by whomsoever issued, and while the holder or owner thereof to possess and exercise in respect thereof any and all rights, powers, and privileges of ownership, including the right to vote thereon;
- (h) To make, perform, and carry out contracts of every kind and description made for any lawful purpose, without limit as to amount, with any person, firm, association, or corporation, either public or private, or with any territory or government, or any agency thereof;
- (i) To borrow money, to draw, make, accept, endorse, transfer, assign, execute, and issue bonds, debentures, promissory notes, and other evidences of indebtedness, and for the purpose of securing any of its obligations or contracts to convey, transfer, assign, deliver, mortgage, and/or pledge all or any part of the property or assets, real or personal, at any time owned or held by this Corporation, upon such terms and conditions as the Board of Directors shall authorize, and as may be permitted by law;
- (j) To purchase or otherwise acquire the whole or any part of the property, assets, business, and good will of any other person, firm, corporation, or association, and to conduct in any lawful manner the business so acquired, and to exercise all the powers necessary or convenient in and about the conduct, management, and carrying on of such business;
- (k) To have one or more offices to carry on all or any part of its operations and business, and to do all and everything necessary, suitable,

convenient, or proper for the accomplishment of any of the purposes or the attainment of any one or more of the objects herein named, or which shall at any time appear conducive or expedient for the protection or benefit of the Corporation, and which now or hereafter may be authorized by law, and this to the same extent and as fully as natural persons might or could do, as principals, agents, contractors, trustees, or otherwise, and either alone or in connection with any person, firm, association, or corporation;

- (l) To have and to exercise any and all powers and privileges now or hereafter conferred pursuant to the District of Columbia Non-profit Corporation Act, or under any act amendatory thereof or supplemental thereto or substituted therefore. The foregoing clauses are to be construed both as objects and powers; and it is hereby expressly provided that enumeration herein of specific objects and powers shall not be held to limit or restrict in any manner the general powers of the Corporation; provided, however, that nothing contained herein shall be deemed to authorize or permit the Corporation to carry on any business or exercise any power or to do any act which a corporation formed under the District of Columbia Non-profit Corporation Act, or any amendment thereof or supplement thereto, or substitute therefor may not at the time lawfully carry on or do. It is the intention that purposes, objects, and powers specified in each of the Articles of Incorporation shall, except as otherwise expressly provided, in no wise be limited or restricted by reference to, or inference from, the terms of any other clause or paragraph of these Articles of Incorporation.

Notwithstanding any of the foregoing, however, the sole purpose of this Corporation is to devote and apply the property donated to this Corporation and the income to be derived therefrom exclusively for educational purposes, either directly or by contributions to organizations duly authorized to carry on educational activities. It is provided, further, that no part of the Corporation's property shall inure to the benefit of any private individual, and no part of the direct or indirect activities of this Corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation or of participating in, or intervening in

(including the publication or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, this Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by any organization exempt under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended.

Furthermore, notwithstanding any other provisions of these Articles of Incorporation, no power or authority shall be exercised by the Corporation in any manner or for any purpose whatsoever which would cause this Corporation to lose its status as an exempt organization under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended. Furthermore, the Corporation shall not have the power to do any of the following:

- (a) To engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws;
- (b) To retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws;
- (c) To make any investments in such manner as to incur tax liability under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws; or
- (d) To make any taxable expenditure as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

Upon any dissolution of the Corporation, the entire remaining assets, if any, of the Corporation, shall be paid or distributed to such other educational organization which both (1) meets all of the provisions in this Article in paragraph (1) of this Article and the provisions in this Article subsequent to said paragraph (1), pertaining to exemption from taxation under the Internal Revenue Code, and (2) comparable in purpose to the general educational purpose of this Corporation.

#### **Fourth**

The Corporation shall have members. Except as hereinafter set forth the rights and interests of all members of this Corporation shall be equal, and no member shall acquire or have a greater interest therein than any other member. This Corporation shall not issue any capital stock but shall issue a membership certificate to each member of the Corporation, which cannot be assigned so that transferee can, by such transfer, become a member of the Corporation, except by meeting the qualifications of membership and being admitted to membership as hereinafter set forth. Each member of the Corporation is to be accepted according to the written policies established by the Board of Directors. The Board of Directors of the Corporation shall be composed of the voting members of the Corporation.

#### **Fifth**

The membership of the Corporation shall consist of four classes of members. The designations of the classes of members, qualifications and rights of members of each class, and the voting rights of the members are as hereinafter set forth in this Article. One class of members shall be referred to as the institutional members; another class of members shall be referred to as the institutional member representatives; another class of members shall be referred to as the profession members; and another class of members shall be referred to as the public members. College members as set forth in the original Articles of Incorporation means the same as institutional member representatives. The qualifications and rights of the membership classes are as follows:

(a) Institutional Members: Institutional members shall be those colleges and programs of naturopathic medical education which have candidate for accreditation or accreditation status with the Corporation. Institutional members shall have no vote on any matters that come before the Corporation's members or the Corporation's Board of Directors.

(1) Candidate for Accreditation Members: Colleges and programs that have been in operation for at least one academic year may choose to apply for Candidate for Accreditation status pursuant to the Bylaws of the Corporation and its published policies and procedures.

Candidate for Accreditation status indicates that the college or program meets the eligibility requirements of the Council and has demonstrated the potential of achieving accreditation within five years of having been granted Candidate for Accreditation status.

(2) Accredited Members: Accredited status indicates an institution is in substantial compliance with the educational standards and rules set forth in, or adopted pursuant to, the Bylaws of the Corporation. Colleges and programs of naturopathic medicine which have been in operation long enough to have graduated at least one class are eligible to be considered for accredited status.

(b) Institutional Member Representatives. The Board of Directors of the Corporation shall elect representatives from the administrative or faculty ranks of accredited or candidate colleges and programs as members. Each chief executive officer of single-purpose naturopathic medical colleges and each chief administrative officer of naturopathic medical education programs within multipurpose colleges shall nominate an institutional member representative on a rotating basis, in accord with a schedule that the Board of Directors of the Corporation adopts. Institutional member representatives shall be elected for a period of time as may be established by the Board of Directors, subject to the provisions of the Bylaws of the Corporation. There shall be three institutional member representatives. Each institutional member representative shall be entitled to one vote on all matters which come before the Board of Directors, except on those matters which may present a conflict of interest.

(c) Profession Members. The Board of Directors of the Corporation shall elect representatives of the naturopathic medical profession as members. A profession member shall hold a current license to practice naturopathic medicine in a United States or Canadian jurisdiction that regulates the practice of naturopathic medicine; shall be a member of a state, provincial, or national association of naturopathic physicians; and shall have experience as an educator or knowledge of the

evaluation of colleges and programs for accreditation. There shall be at least four and not more than six profession members. Profession members shall be elected for a period of time as may be established by the Board of Directors, subject to the provisions of the Bylaws of the Corporation. Each profession member shall have one vote on all matters which come before the Board of Directors, except on those matters which may present a conflict of interest for the member.

- (d) Public Members. The Board of Directors of the Corporation shall elect representatives of the public as members. Public members shall not be naturopathic physicians; shall not be affiliated with a college or program of naturopathic medical education as an employee, governing board member, or consultant; shall not have members of their families so affiliated; shall not be members of and shall not have any other role with an association of naturopathic physicians; and shall not have any role in a state's or a province's licensing activities for naturopathic physicians. At least one of every seven voting members of the Corporation shall be a public member. Public members shall be elected for a period of time as may be established by the Board of Directors, subject to the Bylaws of the Corporation. Each public member shall have one vote on all matters which come before the Board of Directors, except on those matters which may present a conflict of interest.
- (e) Vacancies. In the event of a vacancy among the institutional member representatives, the chief executive officer of the college or the chief administrative officer of the program with which the former member was affiliated shall nominate a successor within five months following the occurrence of said vacancy, subject to election by the Board of Directors. In the event of a vacancy among the profession or public members, the Board of Directors shall within five months fill such vacancy as may be required by sections (b), (c) and (d) of this Article. A vacancy or vacancies which result in a number of members less than the minimum number prescribed in this Article for a class or classes of members shall not preclude the Corporation's Board of Directors from acting, and shall not in any manner affect the

Corporation in furthering its objects and purposes, before the Board of Directors fills the vacancy or vacancies.

### **Sixth**

The number of Directors of the Corporation shall be as set forth above. The Board of Directors shall be composed of the institutional member representatives, the profession members, and the public members.

### **Seventh**

- (a) Non-liability of Members. The private property of the members of the Corporation shall not be subject to the payment of debts of the Corporation to any extent whatever.
- (b) Disposition of Assets. A voluntary sale, lease or exchange of all of the property and assets of the Corporation, including its good will and its corporate franchises, may be made by the Board of Directors upon such terms and conditions as it may deem expedient and for the best interests of the Corporation, except as may otherwise be required by the District of Columbia Non-profit Corporation Act, and subject, of course, to the provision of Article Third.
- (c) Conflict of Interest. No contract or other transaction between the Corporation and any other corporation and no act of the Corporation shall in any way be affected or invalidated by the fact that any of the directors individually, or any firm of which any director may be a member, may be a party to, or may be pecuniarily or otherwise interested in, any contract or transaction of the Corporation, provided that the fact that he or she is so interested shall be disclosed or shall have been known to the Board of Directors or a majority thereof; and any director or the Corporation who is also a director, trustee or officer of such other corporation or who is so interested may be counted in determining the existence of a quorum at any meeting of the Board of Directors of the Corporation which shall authorize any such contract or such transaction with like force and effect as if he were not such a director, trustee or officer of such other corporation or not so interested. It is provided, however, that any such director of this

Corporation who is pecuniarily or otherwise interested in any such contract or transaction of this Corporation shall not vote on the question of this Corporation's approval of or participation in that contract or transaction.

- (d) Articles and Bylaws Amendments. The Board of Directors is expressly authorized to alter, amend or repeal the Council's Articles of Incorporation and Bylaws, and to adopt new Articles and Bylaws by a two-thirds vote of the directors then in office at any regular meeting of the Council or any meeting duly called for that purpose, or by a unanimous consent in lieu of meeting, except as the laws of the District of Columbia may otherwise require. Every such alteration, amendment, or repeal of any of these Articles or of any Bylaw shall be consistent with IRS requirements for an organization granted tax exemption under section 501(c)(3) of the IRS Code; additionally, directors must be given at least 30 days' written notice of any proposed alteration, amendment, or repeal of an existing Article or Bylaw, and of any proposed new Article or Bylaw.

### **Eighth**

The location and post office address of the registered office of the Corporation and the name of its initial registered agent at such address are as follows:

Business Filings Incorporated  
1015 Fifteenth Street NW, Suite 1000  
Washington, DC 20005

### **Ninth**

The number of directors constituting the initial Board of Directors is ten, and the names and addresses, including street and number, of the persons who are to serve as initial directors are set forth below, and the following named persons shall serve in said capacity until the times designated by their names below and until their successors shall be elected and shall have qualified:

Joseph Pizzorno (College Member)  
518 First Avenue  
North Seattle, Washington 98109  
TERM: Until there is an Institutional Member.

J. Bastyr (College Member)  
735 Tenth Street East  
Seattle, Washington 98102

TERM: Until the 1980 annual meeting of the Corporation.

R. Boyce (College member)  
841 Mallory  
Pensacola, Florida 32501

TERM: Until the 1981 annual meeting of the Corporation.

R.M. Finley (Professional Member)  
8945 Center Street  
Tigard, Oregon 97223

TERM: Until the 1979 annual meeting of the Corporation.

A.H.W. Norton (Professional Member)  
2860 Park Street  
Beaumont, Texas 77701

TERM: Until the 1981 annual meeting of the Corporation.

Cyrus E. Maxfield (Professional Member)  
1106 North Cole Road  
Boise, Idaho 83704

TERM: Until the 1980 annual meeting of the Corporation.

M. W. Loftin (Licensing Board Member)  
247 East Ninth South  
Salt Lake City, UT 84111

TERM: Until the 1979 annual meeting of the Corporation.

M. C. Shelton (Licensing Board Member)  
4814 W. Glendale  
Glendale, Arizona

TERM: Until the 1980 annual meeting of the Corporation.

Jeffrey S. Bland (Public Representative)  
Department of Chemistry and Environment  
Sciences  
University of Puget Sound  
Tacoma, Washington, 98416

TERM: Until the 1979 annual meeting of the Corporation.

Dr. Roger O. Eckerberg (Public Representative)  
Department of Health, Education and Welfare  
Room 5330, Switzer Building  
330 AC@ Street S.W.

Washington, DC 20201

TERM: Until the 1979 annual meeting of the Corporation

The terms of directors after those for the initial

directors set forth above shall be determined as set forth above in these Articles. When the position of a director becomes vacant, the remaining directors may fill the vacancy for the unexpired term. The persons whose names appear above as directors constitute the initial members of the Commission on Accreditation, within the Board of Directors, as well as constituting the initial Board of Directors.

IN WITNESS WHEREOF, we have hereunto set our hands this 13th day of August, 1978.

Dr. Ronald R. Hoye, Sr.  
Stanley D. Crow  
Dr. Lucien John B. Cardinal  
Dr. J. Bastyr

### **Tenth**

Upon adoption of amendments to these Articles of Incorporation on September 7, 1994, notwithstanding any other provision of the Articles of Incorporation, as amended, the members of the Board of Directors shall be its institutional member representatives and its public members as duly appointed and elected under the Articles of Incorporation prior to the adoption of those amendments. The Board of Directors, as its first order of business following the amendment of these Articles of Incorporation, shall elect a chair pro tempore who shall be the presiding officer of the Corporation until such time as the Board of Directors elects a president. As the next order of business, the Board of Directors shall elect one by one at least five but no more than ten persons to the Board of Directors as profession members. The term of office for any profession member of the Board of Directors elected on September 7, 1994, notwithstanding any provision in the Bylaws of the Corporation, shall be for a period of up to three years, as determined by the Board of Directors at the time of each profession member's election. As the next order of business following the election of profession members, the Board of Directors shall elect from its membership persons to fill unexpired vacancies in the principal offices of the Corporation, in order of president, vice president, treasurer, and secretary.

### **Eleventh**

Upon adoption of amendments to these Articles of

Incorporation on June 10, 2002, notwithstanding any other provision of the Articles of Incorporation, as amended, the members of the Board of Directors shall be its profession and public members as duly elected under the Articles of Incorporation prior to the adoption of those amendments. These members shall be entitled to complete the terms for which they were previously elected. A present public member shall be entitled to re-election to one additional consecutive term if the public member is serving a first term but not if serving a second term. A present profession member shall be entitled to re-election to one additional term. The Board of Directors, as its first order of business following amendment of these Articles of Incorporation, shall adopt a rule for nominating and electing persons as institutional member representatives. As the next order of business, the Board of Directors shall elect one by one, in accord with its rule, two or three persons to the Board of Directors as institutional member representatives, with the third person, if not elected at the June 10, 2002 meeting, to be elected at the Council's 2002 annual meeting. The term of office for each institutional member representative of the Board of Directors elected on June 10, 2002 or at the 2002 annual meeting shall begin upon election and extend for a period not to exceed the conclusion of the Council's 2005 annual meeting, as determined by the Board of Directors at the time of each institutional member representative's election.

Original document signed and notarized in Boise, Idaho, August 13, 1978. Certificate of Incorporation under the District of Columbia Nonprofit Corporation Act issued August 22, 1978.

Amended by the Board of Directors, April 26, 1986.

Amended by the Board of Directors, April 13, 1991.

Amended by the Board of Directors, September 7, 1994.

Amended by the Board of Directors, June 10, 2002.

Amended by the Board of Directors, October 6, 2013.

## Appendix 2: Bylaws

### Article I: Membership

**Section 1. Institutional Members.** Institutional membership in the Council on Naturopathic Medical Education, as defined in the Council's Articles of Incorporation, shall be available to all colleges and programs of naturopathic medicine which subscribe to the high ideals, standards, and principles set forth in the Council's publication entitled Handbook of Accreditation for Naturopathic Medicine Programs.

All institutional members of the Council shall abide by the conclusions of the majority vote of the Council and shall comply with the educational standards as set forth in the *Handbook of Accreditation*, with the Articles of Incorporation and Bylaws of the Corporation, and with such other standards and rules which may from time to time be adopted by the Council. Any institutional member who is allegedly not complying with the criteria and policies of the Council shall be given notice of such alleged noncompliance and an opportunity to respond. In the event the member's accreditation or candidacy is withdrawn, the member shall have the right of appeal, as set forth in the Council's published policy on appeals.

Standards of the Council are to be applied consistently to applicant and member colleges and programs. Avenues of appeal by an aggrieved college or program shall be maintained. Standards, policies, and procedures shall be regularly and systematically reviewed by the Council or a committee appointed by it so as to ascertain their continuing validity and reliability. Standards and rules shall not be changed without due notice to and adequate opportunity to comment by all persons, institutions, and organizations significantly affected by the Council's accreditation activities.

**Section 2. Institutional Member Representatives.** Institutional member representatives, as defined in the Articles of Incorporation, shall be elected for three-year, non-renewable terms.

**Section 3. Profession Members.** Profession members, as defined in the Articles of Incorporation, shall be elected for three-year terms, with a limit of two consecutive full terms, except that a profession member who may be a principal officer of the Council may serve beyond the member's second three-year term until the term of office expires.

**Section 4. Public Members.** Public members, as defined in the Articles of Incorporation, shall be elected for three-year terms, with a limit of two consecutive full terms, except that a public member who may be a principal officer of the Council may serve beyond the member's second three-year term until the term of office expires.

**Section 5. Beginning of Completion of Terms.** The regular terms of Council members shall begin at the conclusion of the annual or semiannual meeting at which the member is elected and end at the conclusion of the annual or semiannual meeting three years later.

If, at the completion of the second and final term of a public member or profession member, the number of public or profession members will drop below the number set by the Council or required under the U.S. Department of Education's Criteria for Recognition of accrediting agencies and a suitable new member has not been elected to fill the seat, the Council may, at its discretion, extend the term of that member for up to one year.

**Section 6. Changing Membership Categories.** If the Council elects a current member to serve in a different membership category (e.g., if a profession member is elected to serve as an institutional member representative), then the member may not serve more than a total of three consecutive terms.

### Article II: Meetings

**Section 1. Voting Members and Directors Synonymous.** Because at all times the voting members of the Corporation shall be the same persons as are the directors of the Corporation, it



is envisioned that ordinarily there shall be no separate function for the members to perform in their capacity as members, as distinct from their capacity as directors. For this reason, every meeting of the members shall be deemed a meeting of the Board of Directors, and every meeting of the Board of Directors shall be deemed also a meeting of the members. Any such meeting, whether of directors or members, may be described as a meeting of the "Council," and any business that might properly come before the members or before the directors may be transacted at a meeting of the Council, upon the giving of notice of a meeting of members or a meeting of the directors. When it is necessary for legal purposes that a meeting be held by the members or directors, any meeting of the Council may be so described.

**Section 2. Place and Time of Meetings.** All meetings of the Council shall be held at such place and time as the Council may order or direct before the call of the meeting, and the place and time of the next meeting shall be stated in the notice or call for the meeting. The Council may adopt any rules for conducting its own business and activities that are not inconsistent with these Bylaws or the Articles of Incorporation.

**Section 3. Annual Meetings.** The annual meeting of the Council for the transaction of such business as may come before the meeting shall be held in August, September, October, or November in each calendar year, as may be specified more particularly in the notice or call for the meeting. It is provided, however, that if the annual meeting does not in fact occur at the time, said annual meeting shall be held at such time and place as the Board of Directors may direct.

**Section 4. Deferred Annual Meetings.** If for any reason the annual meeting of the Council is not held as heretofore provided, such annual meeting shall be called by the president, or by the directors, as soon as may be convenient. If the annual meeting has not been held as heretofore provided, it shall be the duty of the secretary, on request of one or more members, to call a meeting of the Council for the transaction of any business that may be considered at an annual meeting.

**Section 5. Consent Meetings.** Whenever all parties entitled to vote at any meeting, whether of directors or members, consent either by writing in the records of the meeting or oral consent so

entered in the minutes, or by taking part in the deliberations at such meeting without objection, the doings of such meeting shall be valid as if held at a meeting regularly called and noticed, and at such meeting any business may be transacted which is not excepted from the written consent, or to the consideration of which no objection for want of notice or such consent, provided a quorum was present at such meeting, the proceedings of such meeting may be ratified and approved and rendered likewise valid and the irregularity or defect therein waived by a writing signed by all parties having the right to vote at such meeting. Such ratification and approval may be by proxy or power of attorney.

**Section 6. Quorum.** A majority of the voting members of the Council shall constitute a quorum. Once a quorum has been present at a meeting, the meeting may continue and business may be transacted, although less than a majority of the members remain present.

**Section 7. Voting Rights; Proxies.** Each voting member shall be entitled to one vote upon all items of business transacted at a meeting of the Council. Voting may not be by proxy as to any matter coming before the Council, whether as a meeting of members or as a meeting of directors.

**Section 8. Order of Business.** At all meetings of the Council, the following order of business shall be observed, as far as is consistent with the purposes of the meeting:

- (1) Calling the roll to determine the members present at the meeting;
- (2) Reading of notice and proof of call of meeting;
- (3) Election of directors;
- (4) Reports of secretary (minutes), treasurer (budget), vice president, and president;
- (5) Reports of committees;
- (6) Unfinished business not related to the recognition of a college or program;
- (7) New business not related to the recognition of a college or program;
- (8) Business related to the recognition of a college or program (closed session);
- (9) Election of officers; and
- (10) Miscellaneous business.

### **Article III: Directors**

**Section 1. Powers.** The property, business, and affairs of the Corporation shall be overseen by the

**Section 2. Number and Terms.** The number of Directors shall be as set forth in the Articles of Incorporation, and their terms shall be determined as set forth in the Bylaws of the Corporation.

**Section 3. Vacancies.** A vacancy in the Board of Directors shall exist upon the death, resignation, disqualification, or removal of any director, or upon the expiration of the term of any director. Any vacancy in the Board of Directors shall be filled as set forth in the Articles of Incorporation.

**Section 4. Action by Board.** The acts of a majority of the directors present at a meeting at which a quorum is present shall be the acts of the Board of Directors, except in cases where the statutes of the District of Columbia or these bylaws may otherwise provide.

**Section 5. Time and Place of Meetings.** In addition to the annual meeting, a semi-annual meeting shall be held by the Council at such times and at such places as determined by the Council. If feasible, the specific location of each regular semi-annual meeting of the Council shall be determined at the preceding meeting of the Council, but if it is not determined at that time, the specific place, date, and time shall be announced in a notice of the meeting mailed or emailed to the members of the Council not fewer than thirty days before the date of the meeting. The notice of the meeting shall be mailed or emailed by or on behalf of the secretary. If the specific place, date, and time of meeting of a regular semi-annual meeting is determined by the Council not later than the preceding regular meeting, no notice need be given any member of the Council of that regular meeting.

**Section 6. Special Meetings.** Special meetings of the Council may be called by or at the request of the president and shall be called by the president upon the written request of a majority of the members of the Council. The time and place for holding any special meeting of the Council shall be fixed by the president.

**Section 7. Notice.** Notice of all regular and special meetings of the Council, except as set forth above, shall be given by written notice delivered personally, mailed or emailed, or given by telegram

to each member of the Council at the member's last known business address at least ten days and not more than fifty days prior to such meeting. Neither the business to be transacted at, nor the purpose of, any regular meeting need be specified in the notice, except that notice must be given of any intended amendment to the Articles of Incorporation or of the Bylaws. The nature of the business to be transacted, or the purpose of, any special meeting shall be specified in the notice.

**Section 8. Compensation.** The Board of Directors, by affirmative vote of a majority of the directors then in office, and regardless of any personal interest of any of its members, may establish reasonable compensation of all directors for services to the Council as directors, officers or otherwise, or may delegate such authority to an appropriate committee.

**Section 9. Fiscal Year.** The fiscal year of the Council shall begin on January 1 and end on the succeeding December 31. An audit of the Council's financial records by an independent certified public accountant will be performed no less than every three years.

### **Article IV: Officers**

**Section 1. Principal Officers.** The principal officers of the Council shall be a president, a vice president, a secretary, a treasurer, and an executive director.

**Section 2. Election and Term of Office.** With the exception of the executive director, who is appointed by the Board of Directors (see Article IV, Section 9 below), the officers of the Council shall be elected biennially in odd-numbered years by and from the Board of Directors at an annual meeting. Each officer shall assume office upon election and hold office until a successor shall have been duly elected or until the officer's prior death, resignation, disqualification, or removal. No officer shall serve more than two successive terms, except that the treasurer may not serve successive terms.

**Section 3. Removal.** Any employee or agent may be removed by the Board of Directors whenever in its judgment the best interests of the Council will be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the person so removed. Employment or appointment shall not of itself create contract

rights. Any officer of the Council may be removed for cause by a two-thirds majority vote of the entire Board of Directors.

**Section 4. Vacancies.** A vacancy in any principal office shall be filled by the Board of Directors at its first meeting following the occurrence of the vacancy for the unexpired portion of the term.

**Section 5. President.** The president shall preside at all meetings of the Council, appoint committees and, in general, shall perform all duties incident to the office of president and such other duties as may be prescribed by the Council from time to time. As a member of the Board of Directors, the president shall be entitled to one vote on all matters on which the president is entitled to vote as a director.

**Section 6. Vice President.** In the absence of the president, or in the event of the president's inability or refusal to act, or in the event for any reason it shall be impracticable for the president to act personally, the vice president shall perform the duties of the president, and when so acting shall have all the powers of, and be subject to all the restrictions upon, the president.

**Section 7. Secretary.** The secretary of the Council shall:

- (a) Ensure that accurate minutes of the meetings of the Council are kept;
- (b) See that all notices are duly given in accordance with the provisions of these Bylaws (or as required by law); and
- (c) In general perform all duties incident to the office of secretary and have such other duties and exercise such authority as from time to time may be delegated or assigned to by the president or by the Board of Directors.

**Section 8. Treasurer.** The treasurer shall:

- (a) Serve as a resource for the Council to ensure that the Council's finances are appropriately managed and that appropriate financial controls are in place, sign all checks issued by the Council and, in general, perform all duties incident to the office of treasurer and have such other duties and exercise such authority as from time to time may be delegated or assigned to the treasurer by the Board of Directors.

**Section 9. Executive Director.** The Board of Directors shall appoint an executive director who

shall serve as the Council's chief executive officer and a non-voting officer of the Council, and be responsible for the overall management and administration of the Council. The executive director shall report to the Board of Directors, work in partnership with the president and Council committees, and be responsible for carrying out such projects, tasks and responsibilities the Board as a whole shall require.

## Article V: Committees

**Section 1. Establishing Committees.** The Board of Directors may establish such committees and taskforces as it deems appropriate to assist the Council in accomplishing its work; the duties and responsibilities of committees and taskforces shall be set forth in a written charter adopted by the Board. Board committees may not speak or act for the board except when authorized for specific and time-limited purposes.

**Section 2. Appointing Committees.** The president shall be responsible for appointing the members and chair of each committee and taskforce, and ensuring that appointments are reviewed annually and regularly updated to reflect changes in the membership of the Board. Non-board members may be appointed to committees and taskforces; however, a board member must serve as the chair.

**Section 3. Standing Committees.** The following are the Council's standing committees:

- Audit Committee
- Executive Committee
- Finance Committee
- Nominations Committee
- Committee on Postdoctoral Naturopathic Medical Education
- Committee on Standards, Policies and Procedures
- Strategic Planning Committee

## Article VI: Contracts, Loans, Checks, and Deposits

**Section 1. Dues.** Annual dues and assessments may be set by the Council for institutional members. The Council may determine such penalties as it deems appropriate for non-payment.

**Section 2. Contracts.** The Board of Directors may authorize any officer or officers, agent or agents, to enter into any contract or execute or deliver any instrument in the name of and on behalf of the Council, and any such authorization may be general or confined to specific instances. In the absence of any other designation, all such contracts and instruments shall be executed in the name of the Council by the president or one of the other officers, and when so executed no other party to such instrument or contract or any third party shall be required to make inquiry into the authority of the signing officer or officers.

**Section 3. Loans.** No indebtedness shall be contracted on behalf of the Council, and no evidence of any such indebtedness shall be issued in its name, unless authorized by or under the authority of a resolution of the Board of Directors. Such authorization may be general or confined to specific instances.

**Section 4. Checks, Drafts, etc.** All checks, drafts, or other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Council shall be signed by such officer or officers, agent or agents, of the Council and in such manner as shall from time to time be

determined by or under the authority of a resolution of the Board of Directors.

**Section 5. Deposits.** All funds of the Council not otherwise employed shall be deposited from time to time to the credit of the Council in such banks, trust companies, or other depositories as may be selected by or under the authority of a resolution of the Board of Directors.

#### **Article VII: Amendments to the Bylaws**

These bylaws may be altered, amended or repealed—and new bylaws may be adopted—by a two-thirds vote of the Directors then in office at any regular meeting or at any special meeting, provided that 30 days' written notice is given in accordance with other provisions of these bylaws of the intention to alter, amend or repeal or to adopt new bylaws at such meeting.

Bylaws Adopted by the Board of Directors,  
August 27, 1978.

Amended by the Board of Directors on: April 26, 1986; April 13, 1991; September 7, 1994; June 10, 2002; August 23, 2005; May 5, 2013; Oct. 6, 2013; and Oct. 19, 2015.

### **Appendix 3: Council Administration and Communications**

The Council on Naturopathic Medical Education is governed by its Board of Directors and is administered by its executive director. The executive director reports to the Council's Board of Directors (see below for a listing of the officers and members of the Board, and their professional affiliations). Correspondence on any matter related to the Council may be addressed to:

Executive Director  
Council on Naturopathic Medical Education  
PO Box 178  
244 Main Street  
Great Barrington, MA 01230  
Phone (413) 528-8877  
[www.cnme.org](http://www.cnme.org)

## Appendix 4: Glossary

### **Accreditation**

A status of public recognition that an accreditor grants to an educational institution or program that meets the accreditor's evaluative criteria.

Accreditation status indicates an accreditor has evaluated—and will continue to periodically reevaluate—an educational institution or program, and has determined its quality and integrity warrant the confidence of the educational community, governmental and regulatory agencies, professional associations, other agencies and organizations, and the general public. A program accredited by the Council is in compliance with the Council's eligibility requirements, accreditation standards, and policies.

### **Accreditation Action**

A decision by the Council that affects the accreditation status of a naturopathic medicine program. The term refers to decisions related only to accreditation, not candidacy.

The six accreditation actions the Council may take are (1) deferral of initial accreditation, (2) denial of initial accreditation, (3) granting initial accreditation, (4) reaffirmation of accreditation, (5) deferral of reaccreditation, and (6) withdrawal of accreditation. See also Candidacy Action.

### **Accreditation Standards**

Statements adopted by the Council for the purposes of (a) guiding the Council in assessing the quality and integrity of a college or program, and (b) guiding colleges and programs in their self-study and improvement.

Standards describe the conditions, principles, and practices that the Council considers necessary for achieving educational effectiveness. They serve as a means for measuring a naturopathic medicine program's quality and for improving it. The Council has adopted 11 standards related to 11 aspects of a naturopathic medicine program. The standards, along with the Council's eligibility requirements and policies, serve as a guide in determining whether a program merits accreditation. The Council also uses the standards in determining whether a program merits candidacy, which requires compliance with the standards to the degree expected for the program's stage of development.

### **Accreditor**

A legal entity (often an independent non-profit organization) that conducts accrediting activities through voluntary peer evaluations, and that makes decisions concerning the accreditation or pre-accreditation of educational institutions, programs, or both.

The two basic types of accreditors are (1) institutional accreditors, which may be regional, national, or international accrediting agencies; and (2) programmatic accreditors, which accredit specialized and professional programs, either nationally or internationally. A "recognized accreditor" or a "recognized accrediting agency" is one recognized by the U.S. Secretary of Education.

### **Adverse Action (or Adverse Accreditation Action)**

The denial, withdrawal, suspension, revocation, or termination of accreditation or pre-accreditation, or any comparable accrediting action an agency may take against an institution or program.

### **Annual Report**

A report that accredited and candidate programs file with the Council by January 15 of each year, using a report template provided by the Council. The report informs the Council of significant changes in areas such as enrollment, finances, the faculty, and physical resources, current enrollment statistics, and steps taken to address outstanding Council recommendations.

### **Affiliated Clinical Training Site**

A clinical training site, not under the formal control of the naturopathic medicine program, where student interns engage in clinical practice under direct supervision of program faculty. The Council requires an institution and an affiliated clinical training site to have a written agreement that specifies mutual responsibilities; the Council does not allow a private practitioner's clinical practice to be used as an affiliated site.

### **Area of Interest**

A deficiency in a program that is not deemed to be in non-compliance with CNME standards, but that necessitates ongoing reporting of the program's progress to address the deficiency.

### **Branch Campus**

A branch campus is an operationally separate unit from the parent institution that the Council defines as: (a) being under the general control of the governing board and central administration of a parent institution; (b) having a distinct core faculty, a separate student body, and a resident administration; and (c) serving as a location for 50% or more of the ND program curriculum. The Council's Branch Campus Policy applies to institutions that wish to offer a naturopathic medical program at a branch campus location.

### **Candidacy Action**

A decision by the Council regarding the pre-accreditation status of a naturopathic medicine program.

The three candidacy actions the Council may take are (1) deferral of initial candidacy, (2) denial of initial candidacy, and (3) granting initial candidacy. See also Adverse Action.

### **Candidate for Accreditation (Candidacy)**

The term "candidacy" is synonymous with the term "pre-accreditation." The Council grants candidacy to a naturopathic medicine program that demonstrates that it meets the Council's eligibility requirements, complies with the accreditation standards to the degree expected of the program for its stage of development, has demonstrated its potential for achieving accreditation within five years of having received candidacy, and abides by the Council's policies. Candidacy is not accreditation and does not assure eventual accreditation. A candidate program that does not achieve accreditation within five years loses its recognition status with the Council.

### **Clinical Education**

The practicum component of a naturopathic medicine program's curriculum during which student interns observe and engage in aspects of naturopathic practice in a clinical setting, primarily under the supervision of licensed naturopathic physicians.

For students at programs that the Council accredits, a minimum of 1,200 clock hours of clinical work is required; further requirements are set forth in this *Handbook*.

### **Academic Education**

The component of the program of study that comprises courses in the basic/biomedical and clinical sciences, but not the clinical training component.

The courses in basic science provide an in-depth study of the human body. The courses in clinical sciences prepare students to utilize naturopathic therapeutics to diagnose the cause of a disease and treat patients. Both types of courses can use a variety of delivery formats, including lecture, lab, and case study.

### **Degree**

The credential awarded a graduate of a post-secondary institution.

In this Handbook, "Doctor of Naturopathic Medicine degree" also refers to the "Doctor of Naturopathic Medicine diploma" awarded by naturopathic medicine programs in Canada that are recognized by a provincial licensing authority.

### **Eligibility Requirements**

The criteria that educational institutions and programs must meet before the Council authorizes them to begin the process of seeking candidacy status by submitting a candidacy self-study report to the Council.

### **Evaluation Visit**

An on-site review of an educational institution or program, conducted by a team whose members are qualified by their experience and training to evaluate the program's educational quality and compliance with the CNME accreditation standards.

A comprehensive or full-scale evaluation visit is a review of the naturopathic medicine program accordance with the Council's eligibility requirements, accreditation standards and policies. It takes place before the Council decides on granting or reaffirming accreditation or candidacy. A focused or interim evaluation visit is a review to determine if a previously identified area of non-compliance or marginal compliance with an eligibility requirement, accreditation standard or policy—or an unacceptable practice—has been corrected or that satisfactory progress is being made.

**Faculty**

As used in this *Handbook*, the term “faculty” refers to the full-time and part-time employees of an educational institution or program who are engaged primarily in didactic and clinical instruction, although a portion of their assignment may also be in research, service, or academic administration. The term does not include non-teaching employees, such as administrators and counselors, who may have faculty rank.

**Focused/Interim Report**

A report submitted by an accredited or candidate program with regard to a concern previously expressed by the Council.

The Council may require programs to submit focused/interim reports between comprehensive evaluation visits. Programs must submit a focused/interim report prior to a focused visit.

**Institutional Member Representative**

Each naturopathic medicine program that has accreditation or candidacy with the Council is considered is an institutional member of the Council.

The Council has three positions on its board of directors for institutional member representatives, who are voting members of the board drawn on a rotational basis from among the institutional members. They do not represent the interests of their institutions; rather, they serve in the same capacity as the Council’s other members, supporting the Council’s mission and objectives and remaining mindful of the interests of all of the constituencies the Council serves.

**Letter of Advisement**

A non-public sanction of an accredited program in the form of a letter from the Council to the chief executive officer of the college or program.

The letter states the specific deficiencies or practices that, if they continue, will result in probation or the issuance of a show-cause letter.

**Mission Statement**

A statement developed by an educational institution or program that briefly describes the role or purpose of the institution or program in society. The mission statement—along with the programmatic objectives—serves as a guide for decisions about such matters as course offerings,

budget and capital allocations, admission policies, graduation requirements, faculty selection.

**Naturopathic Medicine Program**

As used in this *Handbook*, naturopathic medicine program denotes a four-year, in-residence educational program leading to the Doctor of Naturopathic Medicine or Doctor of Naturopathy degree/diploma offered in a higher education institution.

**ND or NMD**

The initials used to abbreviate the Doctor of Naturopathy or the equivalent Doctor of Naturopathic Medicine degree/diploma, and used by licensed naturopathic practitioners in the U.S. and Canada. An educational institution that offers a CNME-recognized program may call its naturopathic doctoral program by either name.

**Outcome**

The end result of an individual course or an entire educational program in terms of specific measures of student achievement and success after completion.

Educational institutions and programs document and assess the degree to which they meet their missions and objectives with outcome measures, including grades, grade-point averages, student theses or portfolios, completion rates, results of licensing examinations, student evaluations by preceptorship physicians, and surveys of graduates.

**Policy of the Council**

A statement adopted by the Council that establishes procedures, practices, requirements, or definitions related to the Council, including its board of directors, recognized naturopathic medical programs, and applicants for candidacy.

A proposed policy affecting naturopathic medicine programs may be adopted after a period of public comment. Policies related to Council’s internal operations are not subject to a public-comment period.

**Preceptorship**

A clinical training experience that typically takes place in a private clinic setting. A preceptorship usually consists primarily of observation of patient care activities, but may also include opportunities

for intern participation in providing care under close supervision. A preceptorship may sometimes be referred to as a “clerkship,” a term not used in the CNME standards.

### **Primary Internship Status**

A clinical training experience where a student intern exercises the primary responsibility for providing patient care under supervision of program faculty. Over the course of the clinical training experience, a primary intern is given increasing autonomy in providing treatment in preparation for clinical practice after graduation.

### **Probation**

A public sanction of an accredited program imposed by the Council when the program fails to respond satisfactorily to a letter of advisement, or at any time that the Council determines a program is in serious non-compliance with the eligibility requirements, standards, or policies.

### **Profession Member**

A licensed naturopathic physician elected by the Council to serve a three-year term. Profession members meet the criteria stated in the Policy on Council Membership. Profession members bring the perspective of practicing naturopathic physicians to the Council. From four to six profession members may serve on the Council.

### **Program of Study**

The program of study refers to the entire ND program curriculum, including basic/biomedical and clinical sciences coursework, as well as the clinical training component. Altogether, the program of study comprises a minimum of 4,100 clock hours of study, including a minimum of 1,200 clock hours of clinical training.

### **Programmatic Objectives**

A set of statements that reflect and flow logically from a program’s mission, and that articulate—among other things—expectations regarding instruction, research/scholarship and service. The objectives must be consistent with the mission and guide the program in establishing specific learning outcomes for students in the program.

### **Progress Report**

A report submitted by a candidate program prior to a required two-year evaluation visit, or a report

submitted by an accredited or candidate program that has received the Council’s approval for a substantive change within four-to-six months after implementation of the change, or a report that documents a program’s progress in addressing outstanding Council recommendations.

### **Public Member**

An individual who serves on the Council as a representative of the general public.

Two or three public members may serve on the Council. They have no affiliation with naturopathic medicine programs or the naturopathic medical profession.

### **Recognition Action**

A decision by the Council that affects the accreditation or candidacy of a naturopathic medicine program; the range of actions is set forth in Part Three of the *Handbook*. Accredited and candidate programs are referred to as being CNME-recognized.

### **Recommendation**

A corrective action that the Council requires of a candidate or accredited naturopathic medical program to address an identified area of non-compliance with Council standards or policies.

### **Secondary Internship Status**

A clinical training experience where a student clinician assists a fellow student clinician who has primary responsibility for providing patient care under supervision of program faculty. A student who has secondary intern status may, at the discretion of the supervising physician, assume the role of primary intern status.

### **Self-Study**

The self-study process is an ongoing effort by the institution’s or program’s own administrators, faculty, staff, and governing board to assess and improve educational quality. A self-study report is comprehensive analysis of an educational institution’s or program’s resources and effectiveness in relation to its mission and objectives, and the degree to which the institution or program meeting an accreditation agency’s standards and policies. A naturopathic medicine program submits a self-study report to the Council before a comprehensive evaluation visit for



candidacy, initial accreditation or reaffirmation of accreditation; the format and general content of the report is specified by the Council.

#### **Show-Cause Letter**

A public sanction of an accredited or candidate program in the form of a letter issued by the Council to the program's chief administrative officer. The letter states the reasons why—and a specific date when—accreditation or candidacy will be withdrawn based on non-compliance with CNME standards and policies, unless the program can demonstrate its status should be continued.

#### **Substantive Change**

A change in an accredited or candidate program that may significantly affect its quality, such as a change in its scope or location of educational offerings, credentials offered, or control. A program receives the approval of a Council committee before implementing a substantive change.

#### **Teach-Out Agreement**

A written agreement between institutions that provides for the equitable treatment of students and the continuation of their education when one of the institutions stops offering a program before all students have completed it.

## **Appendix 5: Accredited and Candidate Naturopathic Medicine Programs**

### **Accredited Programs**

#### **Bastyr University**

Naturopathic Medicine Program (*Washington State campus*)  
14500 Juanita Drive N.E.  
Kenmore, Washington 98028-4966 USA  
(425) 823-1300  
www.bastyr.edu

Naturopathic Medicine Program (*California campus*)  
4106 Sorrento Valley Boulevard  
San Diego, California 92121 USA  
(425) 823-1300  
www.bastyr.edu

Accreditation was initially granted in April 1987 and last reaffirmed in October 2013. The next full-scale evaluation is scheduled for winter/spring of 2019, with a decision on continued accreditation to be made in fall of 2019. The university has institutional accreditation with the Northwest Commission on Colleges and Universities, a U.S. Department of Education-recognized regional accrediting agency.

#### **Boucher Institute of Naturopathic Medicine**

Naturopathic Medicine Program  
435 Columbia Street, Suite 300  
New Westminster, British Columbia V3L 5N8 Canada  
(604) 777-9981  
www.binm.org

Initial accreditation was granted in December 2008 and last reaffirmed in May 2015, retroactive to May 2013. The next full-scale evaluation visit is scheduled for fall 2017, with a decision on continued accreditation to be made in spring 2018. The college is recognized by all Canadian provinces that license naturopathic practitioners.

### **Canadian College of Naturopathic Medicine**

Naturopathic Medicine Program  
1255 Sheppard Avenue East  
North York, Ontario M2K 1E2 Canada  
(416) 498-1255  
www.ccnm.edu

Accreditation was initially granted in September 2000, and last reaffirmed in May 2013. The next full-scale evaluation visit is scheduled for fall 2019, with a decision on continued accreditation to be made in spring 2020. The college is recognized by Ontario Ministry of Training, Colleges and Universities.

### **National University of Natural Medicine**

Naturopathic Medicine Program  
049 S.W. Porter  
Portland, Oregon 97201 USA  
(503) 552-1660  
www.nunm.edu

Accreditation was initially granted April 1991 and last reaffirmed in May 2015. The next full-scale evaluation visit is scheduled for fall 2021, with a decision on continued accreditation to be made in spring 2022. The college has institutional accreditation with the Northwest Commission on Colleges and Universities, a U.S. Department of Education recognized regional accrediting agency.

### **National University of Health Sciences**

Naturopathic Medicine Program  
200 E. Roosevelt Road  
Lombard, Illinois 60148 USA  
(800) 826-6285  
www.nuhs.edu

accreditation was initially granted in October 2012 and last reaffirmed in October 2016. The next full-scale evaluation visit is scheduled for spring 2022, with a decision on continued accreditation to be made in fall 2022. The university has institutional accreditation with the Higher Learning Commission, a U.S. Department of Education recognized regional accrediting agency.

### **Southwest College of Naturopathic Medicine & Health Sciences**

Naturopathic Medicine Program  
2140 E. Broadway Road  
Tempe, Arizona 85282  
(480) 858-9100  
www.scnm.edu

Accreditation was initially granted in 1999 and last reaffirmed in May 2013. The next full-scale evaluation visit is scheduled for fall 2018, with a decision on continued accreditation to be made in spring 2019. The college has institutional accreditation with the North Central Association of Colleges and Schools, a U.S. Department of Education recognized accrediting agency.

### **University of Bridgeport College of Naturopathic Medicine**

Naturopathic Medicine Program  
60 Lafayette Street  
Bridgeport, Connecticut 06604  
(203) 576-4109  
www.bridgeport.edu

Accreditation was initially granted in March 2006 and last reaffirmed in May 2014, retroactive to May 2013. The next full-scale evaluation visit is scheduled for fall/winter of 2017, with a decision on continued accreditation to be made in spring 2018. The university has institutional accreditation with the New England Association of Schools and Colleges, a U.S. Department of Education recognized regional accrediting agency.

**Candidate Programs**

**Universidad del Turabo**

Naturopathic Medicine Doctorate Program

School of Health Sciences

P.O. Box 303

Gurabo, Puerto Rico 00778

(787) 743-7979

[www.ut.suagm.edu](http://www.ut.suagm.edu)

Candidacy was initially granted in May 2015. An evaluation visit for continued candidacy is scheduled for winter 2017. The university is accredited by Middle States Commission on Higher Education, a U.S. Department of Education recognized regional accrediting agency.

**Appendix 6: CNME Board of Directors and Executive Director (as of the publication date of this edition; for the most up-to-date information on current board members, including director terms, refer to the CNME website: [www.cnme.org](http://www.cnme.org).)**

***BOARD MEMBERS***

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Chesterfield, Missouri

*Public Member*

**Hugh Bonner, PhD, FASAHP**

Rome, Georgia

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**Jasmine J. Carino, ND, *Secretary***

Toronto, Ontario

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National College of Natural Medicine

*Institutional Member Representative*

**Thomas Kruzel, ND, *Vice President***

Scottsdale, Arizona

*Profession Member*

**Margot Longenecker Gregory, NMD**

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**John P. Pecchia, MBA, CPA, *Treasurer***

Hyde Park, New York

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**Leslie Solomonian, ND**

Canadian College of Naturopathic Medicine

*Institutional Member Representative*

**Eileen Stretch, ND**

Seattle, Washington

*Profession Member*

**H. Garrett Thompson, DC, PhD**

Tempe, Arizona

*Institutional Member Representative*

**Jamey Wallace, ND**

Seattle, Washington

*Profession Member*

**Christina Woolard, ND, LAc, *President***

Murfreesboro, Tennessee

*Profession Member*

***EXECUTIVE DIRECTOR***

**Daniel Seitz, JD, EdD**

Council on Naturopathic Medical Education

P.O. Box 178

342 Main Street

Great Barrington, Massachusetts 01230

Phone: (413) 528-8877

[www.cnme.org](http://www.cnme.org)

## Appendix 7: Core Competencies of the Graduating Naturopathic Student

(Adopted by the Association of Accredited Naturopathic Medical Colleges: October 16, 2014)

### Purpose

The purpose of the document is to describe the core competencies of a graduate from an accredited naturopathic doctoral program in order to align curriculum, define expectations of graduates and inform stakeholders regarding the education of physicians\* who practice naturopathic medicine. The expectation is that this document will serve to guide current and future programs of naturopathic medical education.

(\*Note that the allowed legal use of the term “physician” by NDs may vary among different U.S. and Canadian jurisdictions.)

### Introduction

Naturopathic Medicine<sup>1</sup> is a distinct primary health care profession that combines the traditions of natural healing with the rigors of modern science. Naturopathic physicians are trained as primary care providers who diagnose, treat and manage patients with acute and chronic conditions, while addressing disease and dysfunction at the levels of body, mind and spirit. They concentrate on whole patient wellness through health promotion and disease prevention, attempting to find the underlying cause of the patient’s condition. Naturopathic physicians care for patients of all ages and genders. They provide individualized evidence-informed therapies that balance the least harmful and most effective approaches to help facilitate the body’s inherent ability to restore and maintain optimal health.

A resurgence of interest in naturopathic medicine in North America in the 1970s resulted in rapid growth and maturation of the naturopathic profession to where it is today. As of 2014 there are seven institutions of higher learning offering naturopathic degrees in eight locations across North America. The Council on Naturopathic Medical Education (CNME) is the accrediting body for these programs. Graduates of CNME accredited naturopathic medical programs receive a Naturopathic Doctoral designation (ND) and are eligible to sit for the Naturopathic Physicians Licensing Examination (NPLEX).

The Association of Accredited Naturopathic Medical Colleges (AANMC) and its Council of Chief Academic and Clinical Officers (CCACO), recognized the need for agreement among the AANMC member schools on clinical expectations for graduates of CNME accredited naturopathic medical programs. As such, CCACO and AANMC embarked on examination of current clinical expectations and the creation of a unified baseline for clinical competency of the naturopathic medical graduate. In August of 2012, CCACO agreed to embark on the creation of naturopathic clinical competencies for the accredited institutions. In July 2013, academic and clinical deans from each CNME accredited institution met together and developed a draft document, after which time CCACO convened a taskforce of representatives from the accredited naturopathic medical programs and the executive director of AANMC. This subgroup met regularly for six months, and received input from CCACO, stakeholders and advisors in the broader medical and educational communities to create the first draft of the naturopathic clinical competency document. The document then received input from the naturopathic community and final approval from CCACO and the AANMC Board of Directors. The following report constitutes consensus on clinical competencies for the naturopathic medical graduate.

### Core Principles

The practice of naturopathic medicine is guided by six core principles, as defined by American Association of Naturopathic Physicians (AANP).

**First Do No Harm (*Primum Non Nocere*):** The naturopathic physician follows three guidelines to avoid harming the patient:

- Uses methods and medicinal substances which minimize the risk of harmful side effects;

- Uses the least force necessary to diagnose and treat; avoid when possible the harmful suppression of symptoms; and
- Acknowledges, respects, and works with individuals' self-healing process.

**The Healing Power of Nature (*Vis Medicatrix Naturae*):** The naturopathic physician recognizes an inherent self-healing process in people that is ordered and intelligent. The naturopathic physician acts to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

**Identify and Treat the Causes (*Tolle Causam*):** The naturopathic physician seeks to identify and remove the underlying cause(s) of illness rather than to merely eliminate or suppress symptoms.

**Doctor as Teacher (*Docere*):** The naturopathic physician educates patients and encourages self-responsibility for health. The physician also recognizes and employs the therapeutic potential of the doctor-patient relationship.

**Treat the Whole Person:** The naturopathic physician treats each patient by taking into account individual physical, mental, emotional, genetic, environmental, social, and other factors. Since total health also includes spiritual health, the naturopathic physician encourages individuals to pursue their personal spiritual development.

**Prevention:** The naturopathic physician emphasizes the prevention of disease by assessing risk factors, heredity and susceptibility to disease, and by making appropriate interventions in partnership with the patient to prevent illness.

#### **The Seven Areas of Competence for the Naturopathic Medical Graduate:**

- Medical Assessment and Diagnosis
- Patient Management
- Communication and Collaboration
- Professionalism
- Career Development and Practice Management System Based Practice
- Practice Based Learning, Research and Scholarship

#### **Medical Assessment and Diagnosis**

Naturopathic medical graduates conduct a complete and accurate history, physical exam and objective assessment, to arrive at a diagnosis. They demonstrate the knowledge, skills, abilities and attitudes expected of a naturopathic physician within the context of a patient-centered model.

The naturopathic medical graduate:

Elicits a complete and accurate medical and biopsychosocial history

- Establishes a therapeutic doctor-patient relationship
- Demonstrates active listening when taking a history and performing a physical exam
- Assesses the determinants of health, as defined by the World Health Organization
- Documents the medical record consistent with legal, institutional, and ethical requirements

Performs a complete and accurate health examination, including pathological and functional assessment

- Selects assessments and performs diagnostic procedures based on a risk benefit analysis
- Performs appropriate system-specific or hypothesis driven examination based on patient presentation
- Performs health screenings for disease prevention and early diagnosis

- Orders and/or performs appropriate diagnostic tests and imaging studies
- Conducts rapid assessment in emergent situations
- Performs assessments mindful of personal biases including, but not limited to, age, sex, race, ethnicity, disability, religion, social status, gender identity, and sexual orientation

Formulates an accurate medical diagnosis

- Interprets results for laboratory tests, physical examination, imaging studies, and other diagnostic tests
- Integrates the medical history, physical examination and diagnostic testing with naturopathic principles in formulating a diagnosis
- Applies critical thinking and clinical reasoning to the synthesis of a medical diagnosis
- Identifies emergent and life-threatening situations and diagnoses
- Communicates assessment findings and diagnosis with the patient as appropriate

### **Patient Management**

Naturopathic medical graduates provide personalized, compassionate, ethical, holistic patient care. Determination of interventions are informed by considering the risk of harm, efficacy, level of evidence and patient values and priorities as individually appropriate in promoting patient health and prevention of disease.

The naturopathic medical graduate:

Establishes therapeutic relationships with patients

- Builds and maintains rapport in patient interactions
- Displays empathy in patient interactions
- Respects doctor/patient roles and responsibilities
- Actively collaborates with patients in shared decision making

Develops an individualized treatment plan based on diagnosis and consistent with naturopathic principles

- Incorporates cultural and psychosocial issues
- Uses best practices and best available evidence
- Focuses on safe, natural medical care
- Emphasizes health promotion and illness prevention
- Considers the safety, efficacy, contraindications, actions and interactions of therapies
- Fosters patient adherence through consideration of the patient's circumstances, resources and ability to implement the plan
- Addresses physical, spiritual, mental and emotional aspects of the patient

Recommends and/or administers therapies used in the individualized care of patients, including but not limited to\*\*:

- Botanical medicine
- Counseling (e.g., lifestyle counseling, health psychology, mind-body medicine)
- Homeopathic medicine
- Medical office therapeutic procedures (e.g. injections and infusions, minor surgery)
- Clinical Nutrition (e.g., dietary counseling and nutraceuticals)
- Pharmaceuticals
- Physical medicine (e.g., manipulation, electrotherapies, and hydrotherapy)

(\*\* Note that therapeutic modalities outlined in this document are those consistent with offerings at all CNME recognized institutions. Additional therapeutic modalities may be taught within individual academic programs.)

Facilitates informed patient decisions by presenting evidence-informed therapeutic and wellness options including risks, benefits and alternatives to therapies

- Engages patients in establishing a long-term focus for their personal health management with an emphasis on prevention and wellness
- Provides counseling and support for patients, their families, and significant others related to chronic illness, acute illness and end of life issues
- Recommends plan for follow up care
- Reassesses treatment plans considering clinical outcomes, best practices and patient needs
- Documents plan of care and revisions to plan of care
- Recognizes personal limitations, adheres to scope of practice and makes referrals when appropriate
- Intervenes and/or refers in urgent and emergent care situations

### **Communication and Collaboration**

Naturopathic medical graduates communicate effectively to optimize patient relationships and patient care. They refer, consult and collaborate with other health professionals as appropriate when providing care.

The naturopathic medical graduate:

Communicates effectively with patients, and when appropriate their families and significant others

- Describes succinctly what naturopathic medicine is, and the role and responsibilities of naturopathic physicians
- Analyzes the patient narrative
- Communicates findings with patient

Educates patients regarding their diagnosis and prognosis

- Provides counsel on treatment options
- Promotes treatment plan adherence to achieve therapeutic goals

Demonstrates empathy, compassion, and objectivity in patient interactions

- Demonstrates sensitivity and respect for cultural identity including, but not limited to, age, sex, race, ethnicity, disability, religion, social status, gender identity, and sexual orientation
- Utilizes appropriate resources when experiencing barriers to communication

Consults with and/or refers to other health care professionals when care is outside of scope of practice or personal competence

- Conveys effective oral and written communication to other medical professionals
- Collaborates as a member of the patient's health care team to provide safe and effective care

Educates members of the patient's health care team regarding the role of naturopathic medicine and the naturopathic physician in patient care

- Recognizes and respects the roles and responsibilities of other professionals within the health care team.
- Collaborates as a member of the health care community to address public health issues such as access to care



- Provides leadership in the incorporation of the naturopathic physician as an integral member of the health care community
- Promotes naturopathic medicine and principles to the community at large

### **Professionalism**

Naturopathic medical graduates demonstrate professional behavior, personal integrity, and altruism. They are aware of their limitations in expertise, operate within the jurisdictional scope of practice, and refer care when appropriate. They exemplify the principles of naturopathic medicine personally and professionally as health care professionals and leaders in the community.

The naturopathic medical graduate:

Maintains legal and ethical standards, including but not limited to

- Patient confidentiality
- Informed consent
- Documentation of care
- Scope of practice
- Mandatory reporting
- Professional boundaries
- Conflicts of interest

Demonstrates respect and integrity in professional interactions

- Fulfills professional commitments in a timely and responsible manner
- Provides and receives constructive feedback as a part of peer and self- evaluation of professional competence
- Recognizes and addresses ethical issues arising in practice
- Demonstrates a commitment to balancing patient care, self-care, and responsibilities to colleagues, community, family and friends
- Mentors members of the profession

### **Career Development and Practice Management**

Naturopathic medical graduates are able to establish a viable career in naturopathic medicine.

The naturopathic medical graduate:

Creates a realistic career plan

- Applies basic principles of marketing towards the establishment and growth of a patient base
- Adheres to best practices in management standards including financial practices, negotiation, inventory and business
- Demonstrates the ability to plan and manage time and resources
- Maintains a professional network
- Promotes practice and relationships through effective public and professional communications
- Identifies and responds to practice challenges and opportunities
- Participates in continuous quality assessment and improvement
- Demonstrates key leadership attributes in practice management

### **Systems Based Practice**

Naturopathic medical graduates demonstrate an awareness of the developing role of naturopathic medicine within larger frameworks of health care and health care systems in order to advocate for optimal patient care.

The naturopathic medical graduate:

- Demonstrates a working understanding of available health care resources, both conventional and complementary, in order to address patient and community needs
- Influences community or population health through education, community initiatives and other efforts to shape public and professional health care policy
- Demonstrates an ability to participate effectively within a health care team with respect to referral skills, collaboration and co-management of care
- Practices cost-effective health care through evidence-informed management, preventive strategies and lifestyle management with an aim at alleviating the overall health care burden

### **Practice Based Learning, Research and Scholarship**

Naturopathic medical graduates critically appraise, assimilate and apply scientific evidence to improve patient care. They demonstrate an understanding of the strengths and limitations of research. Naturopathic graduates are dedicated to ongoing personal reflection and lifelong learning.

The naturopathic medical graduate:

Applies the skills of evidence-informed practice to patient care:

- Formulates a clinical research question to guide the design of the information search, using the principles and tools of evidence-based medicine
- Conducts a literature search efficiently, accessing appropriate resources in order to answer clinical questions
- Demonstrates an understanding of statistical tools
- Critically appraises relevant data to make judgments in integrating the information into clinical practice
- Applies levels of evidence in application and selection of therapeutics and patient management
- Critically evaluates patient care outcomes with respect to qualitative and quantitative measurements
- Advances the practice of naturopathic medicine through contributions to the development and dissemination of new knowledge

Demonstrates reflective practice in a commitment to lifelong learning

- Recognizes limitations in his/her own knowledge, skills, and attitudes
- Assesses professional competence using self-awareness, feedback from others and reflection on practice
- Demonstrates commitment to maintaining and improving knowledge, skills, and attitudes

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#### <sup>i</sup> References:

House of Delegates Position Paper, American Association of Naturopathic Physicians (Amended 2011)  
“What is a Naturopathic Doctor”, American Association of Naturopathic Physicians